

PRE-OPERATIVE PATIENT INFORMATION

Drug Reactions / Allergies / Latex Sensitivity

Some patients cannot take certain medications such as penicillin because of allergic reactions. Other patients experience reactions such as nausea / vomiting from narcotic pain medications (Codeine, Morphine, Demerol, Vicodin, Percocet, etc.). Please list below regarding any known drug allergies or reactions, or sensitivities.

Medication Name Type of Drug Reaction / Allergy :

1. _____
2. _____
3. _____
4. _____

☐ I do not have known drug allergies, drug reactions, or latex sensitivity.

Preferred Pharmacy:

Please list all prescription medications you currently take:

1. _____
2. _____
3. _____
4. _____

☐ I am not currently taking any prescription medications.

Non-Prescription Medications / Dietary Supplements / Vitamins / "Herbs" / Minerals

Many patients take non-prescription medications such as aspirin, anti-inflammatories (Advil, Motrin, Aleve) and other preparations that can be purchased without a prescription (dietary supplements, vitamins, "herbs", and minerals). Many of these can have profound effects on increased risk of bleeding during and after surgery or react with prescription medications. If you currently take items in this category, please list below. Please discontinue taking all non-prescription medications, dietary supplements, vitamins, herbs, and minerals for a minimum of 10 days before and after surgery.

1. _____
2. _____
3. _____
4. _____

☐ I am not currently taking non-prescription medications, dietary supplements, vitamins, herbs, or minerals

GLP-1 Weight Loss Medications

- **Dulaglutide:** Brand name Trulicity, this drug is injected once a week
- **Exenatide:** Brand names Byetta and Bydureon, this drug is injected twice a day or once a week
- **Liraglutide:** Brand names Victoza and Saxenda, this drug is injected once a day
- **Lixisenatide:** Brand names Lyxumia and Adlyxin, this drug is injected once a day
- **Semaglutide:** Brand names Ozempic and Wegovy, this drug is injected once a week or taken as a daily tablet
- **Tirzepatide:** Brand names Mounjaro and Zepbound, this drug is injected once a week

GLP-1 medications are effective for weight loss and blood sugar control. Many patients are now on these medications for weight loss. However, they can have side effects..

As it pertains to surgery, these medications may delay gastric emptying and increase your anesthesia and pulmonary aspiration risk, where contents from your stomach reflux up and get into your lungs.

The pre-operative guidelines for these medications are still being established and continue to change. If you are on these medications, we ask that you *stop taking these medications* for **two weeks prior to surgery**. This would be the safest practice until evidence backed guidelines are established and accepted by the surgical and anesthesia communities.

☐ I am currently not on GLP-1 medications.

☐ I am currently on GLP-1 medications and will stop 2 weeks prior to surgery

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying and delayed healing. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

- ☐ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.
- ☐ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.
- ☐ I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

Patient Signature _____ Date _____

Print Patient Name _____