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Re: Preoperative Patients Taking Herbal Medications

Up to 20 – 40% of preoperative surgical patients use herbals, but many patients don't consider them as medications. All patients, including children, should be questioned about their use. Herbals can have hazardous interactions with other medications given in the perioperative period. The American Society of Anesthesiologists now recommends that, whenever possible, patients stop all herbal medications 2 weeks before surgery. (The exception is Valerian, which should be tapered off to avoid withdrawal.)

The Table below lists the 8 most commonly used herbal medicines, their potential adverse effects, and when they should be stopped. If a patient takes herbals within 2 weeks of surgery, their procedure could be delayed or cancelled if the risk is prohibitive. If surgery cannot be delayed there will be an increased risk of complications

Please help us improve patient safety by encouraging patients to stop taking herbal medications at least 2 weeks before surgery. Patients should be made aware of the serious risks of herbals when they are referred for surgical consultation.

References

Ang-Lee MK et al. Herbal medicines and preoperative care, JAMA 2001; 286:208-16.
DeSmet PA. Herbal remedies. N Engl J Med 2002; 347:2046-56 (Dec 19).

Herbal Medication	Adverse Effects
Echinacea	Delayed healing; immunosuppression
Ephedra	Severe hypertension; seizures; strokes
Garlic	Platelet dysfunction; excess bleeding
Gingko	Platelet dysfunction; seizures
Ginseng	Platelet & coagulation dysfunction; hypoglycemia
Kava	Sedation; hepatotoxic, may cause liver failure, consider LFTs preop: Dopamine antagonist; may precipitate withdrawal reaction
St. John Wort	Serotonin syndrome; postop hypotension; induction of liver enzymes & increased metabolism of Warfin, Cyclosporin, NSAIDS, Theophylline, oral contraceptives, calcium channel blockers, Midazolam, lidocaine, alfentanil
Valerian	Sedation; likely to precipitate withdrawal reaction