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GLP-1 Receptor Agonists (and Dual GLP-1/GIP Agonists)

These medications slow gastric emptying, increasing the risk of aspiration during anesthesia/surgery, which can lead to serious complications (including pulmonary aspiration and potentially death).

Medications in this class:

- Semaglutide (Ozempic, Rybelsus, Wegovy)
- Liraglutide (Victoza, Saxenda)
- Dulaglutide (Trulicity)
- Exenatide (Byetta, Bydureon)
- Lixisenatide (Adlyxin)
- Tirzepatide (Mounjaro)

Instructions:

- Hold the medication for **1 week (7 days)** prior to surgery regardless of the prescribed dosing (daily, weekly, IM injection or oral)
- This applies to all listed GLP-1 receptor agonists, regardless of indication (diabetes or weight loss).
- For patients with concerns about blood sugar control, consult their primary care provider (PCP). Patients should closely monitor blood glucose and adjust diet as needed.
- Screen all patients on these medications for side effects such as nausea or vomiting and inform the anesthesia team.
- If the medication is not withheld for an elective procedure, the anesthesiologist may cancel the case due to aspiration risk.

SGLT2 Inhibitors

These medications carry a risk of **euglycemic diabetic ketoacidosis** (especially perioperative) which can lead to serious complications.

Medications in this class:

- Empagliflozin (Jardiance)
- Empagliflozin and Metformin (Synjardy)
- Dapagliflozin (Farxiga)
- Dapagliflozin and Metformin (Xigduo XR)
- Canagliflozin (Invokana)
- Canagliflozin and Metformin (Invokamet)
- Ertugliflozin (Steglatro)
- Bexagliflozin (Brenzavvy)
- Sotagliflozin (Inpefa)

Instructions:

- Hold the medication for **3 days** prior to surgery, regardless of the prescribed dosing
- This applies to all listed SGLT2 Inhibitors, regardless of the indication.
- If the medication is not withheld for an elective procedure, the anesthesiologist may cancel the case.