

# THE HOSPITAL PHARMACIST AS A MEMBER OF A MULTIDISCIPLINARY TEAM IN PERIOPERATIVE MANAGEMENT OF CHRONIC MEDICATION

CP-176

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## BACKGROUND

At least 50% of patients admitted to hospital for surgery, take medicines to treat chronic diseases. Some medicines may interact with drugs used during surgery, but there are few situations that contraindicate this use. Most drugs must be maintained in perioperative period, administering the last dose 2 hours before surgery and restored with oral intake. Other must be stopped, replaced, or temporarily administered by another route. Heightened awareness and diligent documentation of patient medications from admission to discharge can reduce serious problems in perioperative period.

## OBJETIVES

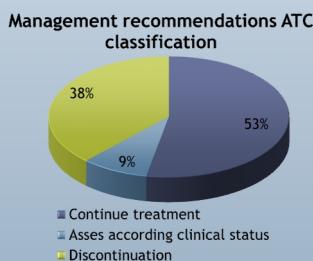
To implement an evidence based protocol for managing chronic medication in perioperative period.

## METHODS

An anesthesiologist, an orthopaedic surgeon and two hospital-pharmacists formed the multidisciplinary team. A pubmed search was performed using the following terms: perioperative, chronic, medication, management. Studies were reviewed and a protocol with management recommendations before surgery, surgery day and after surgery has been made. A guide in book form was developed and distributed by surgical services.

## RESULTS

13 articles and some evidence-based guidelines with strength therapeutic recommendations were reviewed. Drugs reviewed were grouped into nine blocks as the system on which they act, and on this basis, management recommendations were established. A section of herbal medicines with specific recommendations for those for which there is increasing evidence were included. 58 therapeutic groups were reviewed according to ATC classification level 3.



Drugs usually recommended to discontinue
Cyclooxygenase-1,2 inhibitors, cyclophosphamide, immunosuppressive, biologics, anti-hyperuricemic drugs, potassium supplements, diuretics, fibrates, hemorheologic, new oral anticoagulants, hormone replacement therapy, estrogen modulators, bisphosphonates, systemic hormonal contraceptives, oral hypoglycemic agents, monoamine oxidase inhibitors, lithium, phosphodiesterase inhibitors, vitamins and nutritional supplements. Herbal medicines it is recommended to discontinue 7-10 days before surgery.

## CONCLUSION

Epidemiological studies on management of perioperative drugs are heterogeneous. It is recommended to continue treatment with most drugs but the information does not come from clinical trials, but expert opinion, case reports or theoretical considerations. While for some drugs are good consensus recommendations for other available information is limited or controversial; which leads to the coexistence of several trends of clinical practice.