NORTH COUNTY NEUROSURGERY

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Post-Op Medication Reconciliation

What to restart, what to keep holding, and when — after surgery.

When you leave the hospital, your medication list may look different than it did before surgery — new pain medications, changes to chronic medications, or a pause on blood thinners. This document is a general framework for how we think about restarting each medication class after neurosurgery. The specific plan for your case will be reviewed with you at discharge by Dr. Winograd and documented in your discharge paperwork. If anything here conflicts with what your discharge instructions say, follow the discharge instructions.

General principle

Every medication restart is a balance between the risk it was treating (clot, stroke, MI, pain) and the risks it creates around surgery (bleeding, wound problems, fusion impairment). Dr. Winograd reviews this balance with you at discharge. Do not restart a held medication on your own before that conversation.

Aspirin

- If you were on ASA 81 mg and continued it through surgery: no change — keep taking it as before.
- If you used the optimal plan and held aspirin (ASA 81 or 325) for the week before surgery: restart at the original dose approximately one week after surgery, unless Dr. Winograd directs otherwise.
- If you were switched down from ASA 325 to ASA 81 for the week before surgery: continue ASA 81 post-op and coordinate with your cardiologist/PCP about when to return to ASA 325.

P2Y12 inhibitors (Plavix, Effient, Brilinta)

- Do not restart on your own. The resume timing is almost always cardiology-directed, particularly if you have a drug-eluting stent.
- We will coordinate the restart date with your cardiologist and the specific wound-healing stage of your surgery before clearing you to resume.

DOACs / NOACs (Eliquis, Xarelto, Pradaxa, Savaysa)

- Remain off for a minimum of 7 days after surgery. Two weeks off is preferred when clinically safe.
- Restart is individualized — the bleeding risk from the specific surgery, wound status, mobility, and the clotting reason you were on the DOAC all matter. Dr. Winograd and the prescribing physician will agree on the restart date.
- While you are off the DOAC, mechanical DVT prophylaxis (compression stockings, sequential compression devices in the hospital, early mobility) is used. If your thrombotic risk is high, a bridging low-molecular-weight heparin may be used during the off-period.

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Warfarin (Coumadin)

- If you held warfarin before surgery, resume is coordinated with the prescribing physician and usually includes an INR recheck within a few days.
- Bridging anticoagulation (enoxaparin or heparin) may be used until the INR returns to target.
- Never resume warfarin without the prescribing physician's agreement — a resume that is too early or too late both carry real risk.

NSAIDs (ibuprofen, naproxen, Celebrex, Mobic, diclofenac, aspirin at anti-inflammatory doses)

Why NSAIDs matter for spine surgery

In spine surgeries that involve bone fusion, NSAIDs can impair the fusion process when used in the early healing window. For non-fusion cases (e.g., microdiscectomy, laminectomy without fusion), the bone-healing concern is less prominent but bleeding risk still matters.

- Default for fusion cases: hold NSAIDs for at least 3 months post-op (often longer, depending on imaging and healing). Tylenol (acetaminophen) remains OK.
- Default for non-fusion spine or cranial cases: hold NSAIDs for at least 2 weeks post-op, then resume per Dr. Winograd's discharge instructions.
- Avoid combination cold, sinus, and headache products during the hold period — many contain NSAIDs. Read labels.

GLP-1 agonists (Ozempic, Wegovy, Mounjaro, Zepbound, Trulicity, Saxenda, others)

- Do not restart until you are tolerating your normal diet without significant nausea or early fullness.
- Coordinate the restart timing with your prescribing physician (primary care, endocrinology, or the weight-loss program that started the medication).
- If you were using a GLP-1 for diabetes, your glycemic management plan during the hold period should already be in place; confirm with the prescriber before restarting.

Opioid pain medications (post-op)

- You may be sent home with a short course of an opioid for post-op pain. Use only as prescribed; taper off as pain improves.
- Tylenol (acetaminophen) and ice are the first-line multimodal pain strategy. Add the opioid only when those are not controlling pain adequately.
- Do not drive, operate machinery, or make legal or financial decisions while taking opioids.
- Do not combine opioids with alcohol, benzodiazepines, or sleep aids without explicit medical guidance.

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- Dispose of any remaining opioid at a pharmacy take-back or DEA-approved method when you no longer need it.

Chronic non-anticoagulant medications

- Blood pressure, thyroid, seizure, depression/anxiety, reflux, asthma, and most other chronic medications: generally restart the morning after surgery (or continue if they were not held), unless the discharge instructions say otherwise.
- If a medication was changed during hospitalization, follow the discharge list — not the pre-op list.
- Diabetes: insulin and oral glucose-lowering medications often need dose adjustment in the early post-op period because appetite and activity change. Coordinate with your PCP or endocrinology if blood sugars are running outside target.

Tobacco, alcohol, and cannabis

- Tobacco: please stay off nicotine in all forms (cigarettes, vaping, patches when avoidable, chewing) for as long as possible after surgery. Nicotine impairs wound healing and — critically for spine fusion — impairs bone healing.
- Alcohol: avoid alcohol while on opioid or sedative medications. Moderate use generally OK once off those medications and once cleared by Dr. Winograd.
- Cannabis: avoid smoking cannabis while healing surgical incisions. Edible use should be disclosed at follow-up as it affects anesthesia and post-op pain management if subsequent surgery is needed.

Supplements and herbal products

- Fish oil, vitamin E, garlic, ginkgo, ginseng, St. John's wort, turmeric, willow bark: continue to hold for at least 2 weeks post-op, then resume per discharge instructions.
- Multivitamins, calcium, vitamin D, magnesium, protein supplements: generally fine to resume or continue — but mention to Dr. Winograd at discharge if you're taking more than standard doses.

When to call our office

Call (442) 273-5056

New bleeding, new chest pain, leg swelling or calf pain, shortness of breath, a medication you were told to hold that you accidentally took, a missed dose of a restarted blood thinner, or any medication-related question you can't resolve from the discharge paperwork.

Our office is Monday–Friday, 8 am – 5 pm. For urgent questions after hours, the phone line will route you appropriately. For life-threatening events — chest pain, severe bleeding, stroke symptoms, sudden severe headache — call 911 or go to the nearest emergency room.

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— Evan Winograd, MD

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