Cotton O'Neil Neurosurgery and Spine Center — Stormont Vail Health

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GLP-1 Medications and Surgery

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GLP-1 Medications and Surgery

A quick-reference guide for patients on Ozempic, Mounjaro, Wegovy, Trulicity, and other GLP-1 receptor agonists.

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Why this matters

GLP-1 medications slow down stomach emptying. That is part of how they work for diabetes and weight loss. It is also a problem for anesthesia: a stomach that has not emptied at the expected pace can lead to **aspiration** — food contents entering the lungs during anesthesia, which is dangerous.

Anesthesia societies have updated their guidance on GLP-1s and surgery in the last two years. The current direction is to **hold the medication appropriately before surgery** to allow the stomach to empty.

Medications this applies to

These are the most common GLP-1 (and GLP-1/GIP) receptor agonists. The list is not exhaustive — if you are taking a related medication, ask.

Medication	Active ingredient	Dosing schedule
Ozempic	semaglutide	Weekly injection
Wegovy	semaglutide	Weekly injection
Rybelsus	semaglutide (oral)	Daily pill
Mounjaro	tirzepatide	Weekly injection
Zepbound	tirzepatide	Weekly injection
Trulicity	dulaglutide	Weekly injection
Victoza	liraglutide	Daily injection
Saxenda	liraglutide	Daily injection

Medication	Active ingredient	Dosing schedule
Bydureon	exenatide	Weekly injection
Byetta	exenatide	Twice-daily injection

How long to hold before surgery

> **This is a general guide. Your pre-anesthesia team's specific instructions override this sheet.**

Dosing schedule	Hold for
Weekly injection (Ozempic, Wegovy, Mounjaro, Zepbound, Trulicity, Bydureon)	**One week** — skip the dose due in the week before surgery
Daily injection or pill (Victoza, Saxenda, Rybelsus)	**The morning of surgery only** — take the prior day's dose normally

Some anesthesia teams ask for a longer hold (up to two weekly doses) for procedures requiring deep sedation or for patients with significant GI symptoms. Confirm at your pre-op visit.

What about insulin and other diabetes medications?

Holding your GLP-1 does **not** mean stopping all diabetes management. If you also take:

- **Insulin** — typically continued with dose adjustment per your prescriber.
- **Metformin** — usually held the morning of surgery, sometimes 24 hours before.
- **SGLT-2 inhibitors** (Jardiance, Farxiga, Invokana) — typically held 3 days before to avoid ketoacidosis risk.
- **Sulfonylureas** (glipizide, glyburide) — typically held the morning of.

Bring your full medication list to your pre-op visit so the anesthesia team can plan the morning of surgery.

What to expect when you stop the GLP-1

- **Blood sugars may run higher** while the medication is held. If you take other diabetes medications, your prescriber may adjust them.
- **Appetite returns** during the hold. Eat normally up until the time anesthesia tells you to stop.
- **Stop solid food after midnight** the night before surgery, as you would normally.
- **Some weight regain** is possible during a multi-week hold if you are on the medication primarily for weight management. Most patients restart after surgery and return to their baseline within a few weeks.

When to restart after surgery

You will be told when to restart based on:

- How your gut is functioning after surgery
- Whether you are tolerating food
- The type of operation you had

Typical restart for a weekly injection: **after your first post-op visit** (usually 2 weeks) once you are eating normally. Daily medications may be restarted sooner.

When to call us

Call our office at **(785) 368-0767** if:

- You forgot to hold your GLP-1 and surgery is in the next 48 hours.
- You took your scheduled dose despite being told to hold — we may need to reschedule, depending on timing.
- You develop mild nausea or other GI symptoms in the days before surgery (while still keeping fluids down), so we can adjust your GLP-1 hold or surgery timing.

For severe abdominal pain, repeated or persistent vomiting, dehydration, or vomiting that prevents you from staying hydrated, **call 911 or go to the nearest emergency department**.

A note on the changing guidance

This topic has evolved quickly. The American Society of Anesthesiologists updated its guidance in 2023 and again in 2024. Your pre-anesthesia team is following the most current version. **If anything in this handout conflicts with what the anesthesia team tells you specifically, follow them.**

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This handout provides general guidance for patients of Dr. Chad Tuchek at Cotton O'Neil Neurosurgery and Spine Center, Stormont Vail Health. It is not individualized medical advice. Always follow the specific instructions you receive from your surgeon, the pre-anesthesia team, and your endocrinologist or primary care physician. **For medical emergencies, call 911.**
