

接受
手術前，

我應該停藥嗎？

Should I stop my medications
before surgery?

每個病人使用的藥物林林總總，各種藥物都有機會影響手術前後身體的狀況。有些藥物會增加手術的風險，特別是抗血小板藥、抗凝血藥及糖尿病藥物，所以病人接受手術前，必須知道他們平常所服用的藥物在手術前應否繼續使用和其合適的停藥時機。

Every patient takes a variety of medications every day, and different medications can affect the body condition before and after surgery. Some drugs can increase the risk of surgical operations, especially antiplatelet drugs, anticoagulants and antidiabetic drugs, so patients must be aware whether they need to continue to take the long-term medications before surgery, whether to stop them before surgery and the date starting to stop the corresponding medications.

停藥與否取決於一系列的專業評估和臨床決定。當決定要接受手術時，請務必告訴醫生您正在服用的所有藥物，包括醫院或診所配發的藥物、自行購買的中西成藥及保健食品等。醫生會根據您服藥的種類、身體器官的功能、手術的出血風險和病歷記錄等因素，來決定應否停藥以及停藥的時間。由於停藥的決定非常複雜，切勿自行停藥或更改服藥次數，以免增加手術的危險性。如有疑問，一定要諮詢醫生或藥劑師，以確保自己用藥安全。

Discontinuation of the drugs depends on many professional assessments and clinical judgments. When you decide to undergo surgery, make sure to tell your doctor about all the medication you are taking, including medicines dispensed by the hospital or clinics, over-the-counter medicines, traditional Chinese medicines and supplements. The doctor will decide whether to stop the medicine and for how many days, based on factors such as the type of medicines you are taking, your body function, the risk of surgical bleeding, medical records, and other factors. Because the decision to stop any medication is very complicated, do not stop the drug without permission or adjust the dosage on your own, so as not to increase the risk of complications during and after surgery. When in doubt, be sure to check with your doctor or pharmacist in order to use medications safely before surgery.



手術前停藥建議

Recommendation for medical discontinuation before surgery

(實際停藥日數和使用劑量必須由醫生按照每個手術風險和個別病人身體狀況來決定)

(The actual stopping time and administered dosage must be determined by the doctor according to the risk of each surgery and individual patient condition)

藥物類別 Class of medications	常見藥物名稱 Generic name	藥物商品名 Brand name	停藥建議 Recommended strategy	臨床考慮 Clinical considerations
抗血栓藥 Antithrombotic Agents				
抗血小板藥 Antiplatelets	阿士匹靈 Aspirin	Cardiprin®	建議在非心臟手術前大約 7 天停用。 Discontinue approximately 7 days prior to non-cardiac surgery.	繼續用藥會增加出血風險。 Continuation may increase bleeding risk. 停藥會增加血管併發症的風險。 Discontinuation may increase the risk of vascular complications.
	氯吡多 Clopidogrel	柏域斯® Plavix®	建議在手術前至少 5 天停用。 Discontinue at least 5 days prior to surgery.	小型外科手術(例如:白內障手術、皮膚手術)和小型牙科手術多數不需要停用抗血小板藥。
	替格瑞洛 Ticagrelor	倍林達® Brilinta®	建議在手術前至少 5 天停用。 Discontinue at least 5 days prior to surgery.	Minor surgeries (e.g. cataract surgery, cutaneous procedures) and minor dental procedures usually do not require cessation of antiplatelet therapy.
	雙嘍達莫 Dipyridamole	Persantin®	建議在手術前至少 2 天停用。 Discontinue at least 2 days prior to surgery.	曾經接受或準備接受心血管手術的病人，需要與心臟科醫生商討應否停藥。
	西洛他唑 Cilostazol	普達® Pletaal®	建議在手術前至少 2 至 3 天停用。 Discontinue at least 2-3 days before the surgery.	Discussion with a cardiologist is appropriate for patients who require or have undergone cardiovascular intervention.
抗凝血藥 Anticoagulants	華法林 Warfarin	Coumadin®	建議在手術前 5 天停用。 (手術前 1 天的凝血指數需要為 ≤ 1.4) Discontinue 5 days before the surgery. (INR on the day before surgery ≤ 1.4)	繼續用藥會增加出血風險。 Continuation may increase bleeding risk. 停藥會增加血管併發症的風險。 Discontinuation may increase the risk of vascular complications. 小型外科手術(例如:白內障手術、皮膚手術)和小型牙科手術多數不需要停用抗凝血藥。 Minor surgeries (e.g. cataract surgery, cutaneous procedures) and minor dental procedures usually do not require cessation of anticoagulant therapy.

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抗血栓藥 Antithrombotic Agents				
抗凝血藥 Anticoagulants	達比加群 Dabigatran	百達生® Pradaxa®	建議在手術前 1 至 4 天停用，實際天數取決於手術的出血風險、病人的腎功能和抗凝血藥的劑量。 Discontinue 1-4 days before the procedure; the actual number of days depends on the bleeding risk of the procedure, the patient's renal function, and the anticoagulant dosage.	繼續用藥會增加出血風險。 Continuation may increase bleeding risk. 停藥會增加血管併發症的風險。 Discontinuation may increase the risk of vascular complications. 小型外科手術(例如:白內障手術、皮膚手術)和小型牙科手術多數不需要停用抗凝血藥。 Minor surgeries (e.g. cataract surgery, cutaneous procedures) and minor dental procedures usually do not require cessation of anticoagulant therapy.
	利伐沙班 Rivaroxaban	拜利妥® Xarelto®	建議在手術前 1 至 2 天停用，實際天數取決於手術的出血風險。 Discontinue 1-2 days before the procedure; the exact number of days depends on the bleeding risk of the procedure.	
	阿哌沙班 Apixaban	凝血通® Eliquis®	建議在手術前 1 至 2 天停用，實際天數取決於手術的出血風險。 Discontinue 1-2 days before the procedure; the exact number of days depends on the bleeding risk of the procedure.	
	艾多沙班 Edoxaban	里先安® Lixiana®	建議在手術前 1 至 2 天停用，實際天數取決於手術的出血風險。 Discontinue 1-2 days before the procedure; the exact number of days depends on the bleeding risk of the procedure.	
糖尿病藥物 Antidiabetic Medications				
鈉葡萄糖協同轉運 蛋白 2 抑制劑 Sodium-glucose co- transporter 2 (SGLT2) inhibitors	Canagliflozin	怡可安® Invokana®	建議在手術前 3 至 4 天停用。	繼續用藥會增加尿道感染、血容量不足、急性腎衰竭和糖尿病酮症酸中毒的風險。 Continuation increases the risk of urinary tract infections, hypovolemia, acute kidney injury and diabetic ketoacidosis.
	Dapagliflozin	糖適雅® Forxiga®	Discontinue 3-4 days before surgery.	
	Empagliflozin	適糖達® Jardiance®		

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糖尿病藥物 Antidiabetic Medications				
雙胍類 Biguanides	二甲雙胍 Metformin	Glucophage®	建議在手術前至少 24 小時停用。 Discontinue 24 hours prior to surgery.	繼續用藥會增加乳酸中毒的風險。 Continuation increases the risk of lactic acidosis.
類升糖素胜肽-1 受體促效劑 Glucagon-like peptide-1 (GLP-1) receptor agonists	Liraglutide	秀身達® Saxenda®/ Victoza®/ Xultophy®	對於每日用藥的患者，建議在手術當日早上停用。 Hold the morning dose on the day of surgery for patients on daily dosing. 對於每週用藥的患者，建議在手術前一星期停用。 Hold the dose one week prior for patients on weekly dosing.	繼續用藥可能會延緩胃排空，導致即使已在手術前禁食，胃內仍有殘留的食物，從而增加麻醉誘導期間的誤吸風險。 Continuation may delay gastric emptying and result in residual gastric contents despite preoperative fasting, which may increase the risk of aspiration during induction of anesthesia.
	Lixisenatide	Soliqua®		
	Exenatide	百達揚® Bydureon®		
	Dulaglutide	易週糖® Trulicity®		
	Semaglutide	維秀美® Wegovy®/ 胰妥讚® Ozempic®/ Rybelsus®		
葡萄糖依賴性促胰島素多肽/類升糖素胜肽-1 受體促效劑 Glucose-dependent insulintropic polypeptide (GIP)/ Glucagon-like peptide (GLP-1) receptor agonist	Tirzepatide	滿健樂® Mounjaro®	建議在手術前一星期停用。 Hold the dose one week prior.	繼續用藥可能會延緩胃排空，導致即使已在手術前禁食，胃內仍有殘留的食物，從而增加麻醉誘導期間的誤吸風險。 Continuation may delay gastric emptying and result in residual gastric contents despite preoperative fasting, which may increase the risk of aspiration during induction of anesthesia.
磺胺尿酸劑 Sulphonylureas	Gliclazide	Diamicon®	建議在手術當日早上停用。 Hold the morning dose on the day of surgery.	繼續用藥可能會導致低血糖。 Continuation can cause hypoglycemia.
	Glimepiride	Amaryl®		
	Glipizide	Glucotrol®		
格列奈類 Meglitinides	Repaglinide	Novonorm®	建議在手術當日早上停用。 Hold the morning dose on the day of surgery.	繼續用藥可能會導致低血糖。 Continuation can cause hypoglycemia.
噻唑烷二酮類 Thiazolidinediones	Pioglitazone	愛妥糖® Actos®	建議在手術當日早上停用。 Hold the morning dose on the day of surgery.	繼續用藥可能會導致水腫，並可能增加心臟衰竭的風險。 Continuation may worsen fluid retention and peripheral edema and could precipitate congestive heart failure.

二肽基肽酶-4 抑制劑 Dipeptidyl peptidase-4 (DPP-4) inhibitors	Alogliptin	能適糖® Nesina®	建議在手術當日早上停用。 Hold the morning dose on the day of surgery.	繼續用藥可能會影響腸胃蠕動，從而增加麻醉誘導期間的誤吸風險。 Continuation may alter gastrointestinal motility and may increase aspiration risk.
	Linagliptin	糖安達® Trajenta®		
	Saxagliptin	Onglyza®		
	Sitagliptin	健諾胰® Januvia®		
	Vildagliptin	保胰健® Galvus®		

藥物類別 Class of medications	常見藥物名稱 Generic name	藥物商品名 Brand name	停藥建議 Recommended strategy	臨床考慮 Clinical considerations
糖尿病藥物 Antidiabetic Medications				
α-葡萄糖甘酶抑制劑 α-glucosidase inhibitors	Acarbose	Glucobay®	建議在手術當日早上停用。 Hold the morning dose on the day of surgery.	手術前空腹狀態下服用並無降血糖效果。 No therapeutic effect when used with an empty stomach before surgery.
基礎胰島素 Basal insulin	Glargine (Lantus®, Toujeo®), Detemir (Levemir®), Degludec (Tresiba®), NPH (Humulin N®)			繼續用藥可能會導致手術期間低血糖。 Continuation may increase the risk of perioperative hypoglycemia.
	早上注射 Inject in the morning		在手術當日早上減少 10%至 25%劑量。 May reduce the morning dose by 10%-25% on the day of surgery.	
	晚上注射 Inject in the evening		在手術前 1 天的晚上減少 10%至 25%劑量。 May reduce the evening dose by 10%-25% on the day before surgery.	
基礎胰島素 + 餐食胰島素 Basal + Prandial insulin	餐食胰島素 Prandial Insulin Lispro (Humalog®) Aspart (Novorapid®) Glulisine (Apidra®)		建議在禁食後開始停用。 Omit any prandial insulin after fasting begins.	繼續用藥可能會導致手術期間低血糖。 Continuation may increase the risk of perioperative hypoglycemia.
	基礎胰島素 一天一次 (早上注射) Basal insulin Once a day Inject in the morning		建議在手術當日早上給予 1/2 至 2/3 的早上總胰島素劑量 (原本的基礎加餐食胰島素劑量)。 May give between one-half to two-thirds of their usual total morning insulin dose (prandial plus basal insulin) as basal insulin in the	

		morning of surgery	
	<u>基礎胰島素</u> 一天一次 (晚上注射) <u>Basal insulin</u> Once a day Inject in the evening	建議在手術前 1 天的晚上減少 10%至 25%劑量。 May reduce the dose of basal insulin in the evening prior to surgery by 10%-25%.	

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糖尿病藥物 Antidiabetic Medications				
基礎胰島素 + 餐食 胰島素 Basal + Prandial insulin	<u>基礎胰島素</u> 一天兩次 (早晚注射) <u>Basal insulin</u> Twice a day Inject in the morning and evening		建議在手術前 1 天的晚上減少 10%至 25%劑量。 在手術當日早上給予 1/3 至 1/2 的早上總胰島素劑量 (原本的基礎加餐食胰島素劑量) 。 May reduce the evening dose by 10%-25% on the day before surgery and give between one-third to one-half of the total morning dose (prandial plus basal insulin) as basal insulin on the morning of surgery.	繼續用藥可能會導致手術期間低血糖。 Continuation may increase the risk of perioperative hypoglycemia.
	<u>預混胰島素</u> <u>Premix insulin</u> (e.g. 30% regular + 70% NPH - Humulin® 70/30)		建議在手術前 1 天的晚上減少大約 20%劑量。 在手術當日早上減少 50% 劑量，若早上血糖已低於 120 mg/dL(6.7mmol/L)可停用。 May reduce the evening dose by approximately 20% on the day before surgery and the morning dose by 50% on the day of surgery. However, if the morning blood glucose is <120 mg/dL (< 6.7 mmol/L), the morning dose should be held.	

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心血管藥物 Cardiovascular agents				
血管收縮素轉化酶抑制劑 Angiotensin converting enzyme inhibitors (ACEI)	Captopril	Captoten®	建議在手術當日早上停用，除非該藥物是用於治療心臟衰竭或難以控制的高血壓。 Hold the morning dose on the day of surgery unless the indication is heart failure or poorly controlled hypertension.	繼續用藥可能導致低血壓。 Continuation can result in hypotension. 停藥可能會令心臟衰竭或高血壓惡化。 Discontinuation can exacerbate heart failure or poorly controlled hypertension.
	Enalapril	Renitec®		
	Lisinopril	Zestril®		
	Perindopril	Acertil®		
	Ramipril	Tritace®		
血管收縮素受體拮抗劑 Angiotensin receptor blockers (ARB)	Candesartan	博脈舒® Blopress®	建議在手術當日早上停用，除非該藥物是用於治療心臟衰竭或難以控制的高血壓。 Hold the morning dose on the day of surgery unless the indication is heart failure or poorly controlled hypertension.	繼續用藥可能導致低血壓。 Continuation can result in hypotension. 停藥可能會令心臟衰竭或高血壓惡化。 Discontinuation can exacerbate heart failure or poorly controlled hypertension.
	Irbesartan	卡壓舒® Aprovel®		
	Losartan	科素亞® Cozaar®		
	Telmisartan	美壓定® Micardis®		
	Valsartan	Diovan®		
利尿藥 (俗稱去水丸) Diuretics	Furosemide	Lasix®	建議大部份病人在手術當日早上停用，除非病人是體液難以平衡的心臟衰竭患者，就可以繼續服用而不停用。 Hold the morning dose on the day of surgery for most patients. Continue the diuretic without interruption for heart failure patients with difficult-to-manage fluid balance.	繼續用藥可能導致血容量不足和低血壓。 Continuation can result in hypovolemia and hypotension. 停藥可能會令體液積聚。 Discontinuation can cause fluid retention.
	Hydrochlorothiazide	Dichlotride®		
	Indapamide	Natrilix®		
	Spironolactone	Aldactone®		
非他汀類降膽固醇藥 Non-statin lipid-lowering agents	Cholestyramine	Questran®	建議在手術前 1 天停用。 Discontinue 1 day before surgery.	繼續用藥可能導致橫紋肌溶解或影響其他藥物的吸收。 Continuation of Niacin and Fibrates may cause rhabdomyolysis. Bile acid sequestrants may interfere with absorption of other medications.
	Ezetimibe	易降醇® Ezetrol®		
	Fenofibrate	Lipanthyl Penta®		
	Gemfibrozil	Lopid®		
	Niacin	Niaspan®		

藥物類別 Class of medications	常見藥物名稱 Generic name	藥物商品名 Brand name	停藥建議 Recommended strategy	臨床考慮 Clinical considerations
荷爾蒙藥 Hormonal agents				
口服避孕藥 Oral contraceptives	Drospirenone and Ethinyl estradiol	Yasmin® 優思明®, Yaz® 優悅®	對於靜脈栓塞低至中風險的病人，請繼續服用。 For patients undergoing surgery with a low to moderate risk of venous thromboembolism, continue without interruption.	繼續用藥可能會增加靜脈栓塞的風險。 Continuation may increase risk of venous thromboembolism. 停藥可能導致意外懷孕。 Discontinuation can result in unwanted pregnancies.
	Levonorgestrel and Ethinyl estradiol	Loette® 樂盈肌®, Microgynon® 敏高樂	對於靜脈栓塞高風險的病人，建議在手術前 4 星期停用。 For patients undergoing surgery with a high risk of venous thromboembolism, stop 4 weeks before surgery.	
	Desogestrel and Ethinyl estradiol	Marvelon® 安意避		
	Gestodene and Ethinyl estradiol	Harmonet® 輕樂偶		
荷爾蒙補充療法 Postmenopausal hormone therapy	Estradiol	Estrofem®	對於靜脈栓塞低至中風險的病人，請繼續服用。 For patients undergoing surgery with a low to moderate risk of venous thromboembolism, continue without interruption.	繼續用藥可能會增加靜脈栓塞的風險。 Continuation may increase risk of venous thromboembolism.
	Conjugated estrogens	Premarin®	對於靜脈栓塞高風險的病人，建議在手術前至少 2 星期停用。 For patients undergoing surgery with a high risk of venous thromboembolism, stop at least 2 weeks before surgery.	
	Estradiol and norethindrone	Novofem®		
選擇性雌激素受體調節物 Selective estrogen receptor modulators (SERMs)	Tamoxifen	Nolvadex-D®	對於靜脈栓塞低至中風險的病人，請繼續服用。 For patients undergoing surgery with a low to moderate risk of venous thromboembolism, continue without interruption.	繼續用藥可能會增加靜脈栓塞的風險。 Continuation may increase risk of venous thromboembolism.
	Raloxifene	Evista®	對於靜脈栓塞高風險的病人，停用與否取決於哪一款荷爾蒙藥和其適應症。 For patients undergoing surgery with a high risk of venous thromboembolism, the recommendations for timing of discontinuation depend upon the specific SERM and its indication for use.	

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止痛藥 Analgesics				
大部分非類固醇消炎止痛藥 Most non-steroidal anti-inflammatory drugs	Ibuprofen	Nurofen®, Brufen®, Advil®	建議在手術前至少 3 天停用。 Generally discontinued at least 3 days before surgery.	繼續用藥會增加手術期間出血的風險。 Continuation increases the perioperative bleeding risk.
痛風藥 Anti-gout agents				
秋水仙鹼 Colchicine		Colgout®	建議在手術當日早上停用。 Hold the morning dose on the day of surgery.	繼續用藥會增加中毒風險，導致肌肉無力和神經病變。 Colchicine has a narrow therapeutic index and can cause muscle weakness and polyneuropathy.
氣管擴張劑 Bronchodilators				
茶鹼 Theophylline		Nuelin®	建議在手術前 1 天的晚上停用。 Discontinue in the evening before surgery.	手術中許多常用的藥物會影響其新陳代謝，可能導致心律不整和神經錯亂。 Continuation may cause arrhythmias and neurotoxicity at a level just beyond the therapeutic range, and metabolism is affected by many common perioperative medications.
骨質疏鬆藥物 Osteoporosis medications				
雙磷酸鹽 Bisphosphonates	Alendronate	福善美® Fosamax®	建議在手術當日早上停用。 Hold the morning dose on the day of surgery.	病人需要用至少 240 毫升水送服，並保持上半身直立至少 30 分鐘，而這些步驟有機會阻礙手術程序。 The patient is required to take the tablet with at least 240 ml of water and is supposed to remain upright for at least 30 minutes. These may hinder the surgical procedures afterward.
	Risedronate	健骨龍® Actonel®		
	Ibandronate	邦維亞® Bonviva®		
類鴉片受體拮抗劑 Opioid Antagonist				
Naltrexone		Contrave®	建議在手術前至少 3 天停用。 Generally discontinued at least 3 days before surgery.	手術中如使用鴉片類止痛藥，需要給予比平常高出很多的劑量來達到止痛效果，從而造成更持久的抑制呼吸效果。 If opioid analgesics are used

			during surgery, a much higher dose than usual must be administered to achieve pain relief, resulting in a more prolonged respiratory depression.
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藥物名稱 Name of Medication	停藥建議 Recommended strategy	臨床考慮 Clinical considerations
草藥或保健品 Herbal medications or supplements		
麻黃 Ephedra (Ma Huang)	建議在手術前至少 24 小時停用。 Discontinue at least 24 hours prior to surgery.	繼續用藥會增加心臟病發作和中風的風險。 Continuation may increase the risk of heart attack and stroke.
靈芝/ 雲芝 Lingzhi/ Yunzhi	建議在手術前至少 7 天停用。 Discontinue at least 7 days prior to surgery.	繼續用藥會增加出血風險。 Continuation may increase bleeding risk.
大蒜 Garlic	建議在手術前至少 7 天停用。 Discontinue at least 7 days prior to surgery.	繼續用藥會增加出血風險。 Continuation may increase bleeding risk.
銀杏 Ginkgo	建議在手術前至少 36 小時停用。 Discontinue at least 36 hours prior to surgery.	繼續用藥會增加出血風險。 Continuation may increase bleeding risk.
聖約翰草 St. John's wort	建議在手術前至少 5 天停用。 Discontinued at least 5 days prior to surgery.	繼續用藥會增加藥物相沖的風險。 Continuation may diminish the effects of perioperative drugs by induction of liver enzymes.
人蔘 Ginseng	建議在手術前至少 7 天停用。 Discontinue at least 7 days prior to surgery.	繼續用藥會增加低血糖和出血的風險。 Continuation may cause hypoglycemia and increase bleeding risk.

*此資料僅供參考，對於任何查詢，請諮詢您的醫生、藥劑師或其他醫療專業人士。

*The above information is for reference only. For any query, please seek advice from your doctor, pharmacist or other healthcare professionals.

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