Peri-operative Disease Modifying Anti-Rheumatic Drug Guidelines

Conventional DMARDs in the Peri-operative Period

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Steroids
- Minimize steroid exposure prior to surgical procedures
- increases in steroid dose to prevent adrenal insufficiency are not routinely required

Conventional synthetic DMARD therapy including
- Apremilast, Azathioprine, Ciclosporin, Hydroxychloroquine, Leflunomide, Methotrexate, Mycophenolate Mofetil, Sulphasalazine, Tacrolimus
- Should not routinely be stopped in the perioperative period, although individualized decisions should be made for high-risk procedures

Biologic DMARDs in the Perioperative Period

Balance risks of stopping biologics e.g. perioperative flare vs benefit of preventing post op infections

Plan surgery for when at least one dosing interval has elapsed for that biologic

For higher risk procedures consider stopping biologic 3-5 $t_{½}$ before procedure (except Tocilizumab/ Rituximab)

Restart when there is good wound healing (typically around 14 days), all sutures and staples are out, and there is no evidence of infection

For patients receiving Rituximab, treatment should ideally be stopped 3–6 months prior to elective surgery

For patients receiving Tocilizumab, i.v. Tocilizumab should be stopped at least 4 weeks before surgery; s.c. Tocilizumab should be stopped at least 2 weeks before surgery

Drug	Dosing Interval	Period in which Surgery should be scheduled relative to last biologic dose
Etanercept	SC weekly	Week 2
Adalimumab	SC fortnightly	Week 3
Infliximab	IV Every 4, 6 or 8 weeks	Week 5,7 or 9
Certolizumab	SC fortnightly	Week 3
Golimumab	SC Every 4 weeks	Week 5
Rituximab	IV 2 doses 2 weeks apart usually repeated every 6/12	Months 4-7
Tocilizumab	IV every 4 weeks SC weekly	Week 5 Week 3
Sarilumab	SC Every 2 weeks	Week 4
Secukinumab	SC monthly	Week 13
Ixekizumab	SC monthly	Week 10
Abatacept	IV monthly SC weekly	Week 5 Week 3
Ustekinumab	SC Every 12 weeks	Week 13
JAK inhibitors Baracitnib, Filgotinib, Tofacitinib, Upadacitinib	Daily oral	2 days after last dose