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Should We Stop the Oral Selective Estrogen Receptor Modulator Raloxifene Prior to Surgery?

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Case Presentation: A 69-year-old Caucasian female with a past medical history of hypertension, hyperlipidemia, osteoarthritis, and severe osteoporosis takes the oral selective estrogen receptor modulator raloxifene. Her other medications include hydrochlorothiazide and atorvastatin. The patient takes ibuprofen and the combination of oxycodone and acetaminophen as needed for knee pain.

She is seen by an internal medicine physician for preoperative evaluation 3 weeks prior to surgery for total knee replacement for osteoarthritis of the right knee. Physical examination reveals decreased range of motion of the right knee but is otherwise normal. The electrocardiogram recorder in her primary care physician's office shows normal sinus rhythm.

The patient and her primary care physician want to know whether she should stop taking raloxifene prior to surgery.

Discussion: Indications for use of selective estrogen receptor modulators (SERMs) such as tamoxifen and raloxifene have expanded beyond breast cancer treatment to prevention and treatment of osteoporosis. Both tamoxifen and raloxifene increase the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism).

Most experts in perioperative medicine recommend that tamoxifen and raloxifene be discontinued for 4 weeks before surgeries associated with a moderate or high risk of venous thromboembolism. If a patient takes these medications for breast cancer treatment, a consultation with an oncologist is recommended.