PERI-OPERATIVE MEDICINES USE GUIDELINE FOR HORMONE REPLACEMENT THERAPY AND TAMOXIFEN

Key Document code:	WAHT-KD-017	
Key Documents Owner:	Keith Hinton	Clinical Lead Pharmacist, Critical Care, Theatres and Surgery
Approved by:	TACCSS Clinical Governance Medicines Safety Committee	
Date of Approval:	20th March 2024	
Date of Review: **This is the most current version and should be used until a revised document is in place**	20th March 2027	

Key Amendments

Date	Amendment	Approved by
January 2024	New guideline to supplement the UKCPA national guidance	Keith Hinton

Introduction

Please refer to the following link for wider guidance for the peri-operative use of medicines. This guideline is supplemental to the national guidance for hormonal medicines that require additional information.

https://www.ukcpa-periophandbook.co.uk/

And the Trust document: NIL BY MOUTH (NBM) AND PERI-OPERATIVE MEDICINES USE GUIDELINE:

Adjustment to routine medication during the peri-operative period

Routine medicines should wherever possible, be reviewed *prior* to surgery for:

1. Medicines that should be continued throughout the peri-operative period to prevent relapse of the treated condition or to avoid the effects of drug withdrawal.
2. Medicines that should be withheld before surgery to reduce the risks that they may impose upon the procedure.

Pre-operative assessment registered nursing staff may use this guideline to advise patients on medicines use but must refer specific cases to the surgeon and or anaesthetist for advice if they are not confident about the correct course of action. Written instruction should be given to the patient and the registered nursing staff should ensure understanding of the instructions given.

If adjustments to therapy cannot be made e.g. for emergency admissions, ensure the surgeon and anaesthetist are aware of the patients medication history.

PERI-OPERATIVE MEDICINES USE GUIDANCE

Medication	Advice
Hormone Replacement Therapy (HRT)	The below HRT types should be preferably stopped 4 weeks prior to major surgery or where there is high risk of thrombo-embolic event: - Oestrogen based oral HRT - Synthetic oral progesterone HRT (i.e. medroxyprogesterone acetate (MPA), dydrogesterone, levonorgestrel) The following types of HRT are not thought to increase VTE risk and can be continued throughout the perioperative period: - Transdermal/topical HRT (i.e. patch or gel) - Mirena coil Micronised progesterone ('Utrogestan') with transdermal oestrogen is not associated with significant increase in VTE. Current evidence suggests it can be continued perioperatively (although careful VTE prophylaxis is recommended). If oral HRT is continued perioperatively then thromboprophylaxis is recommended and patient should be counselled about slightly increased VTE risk.
Tamoxifen	For patients with *breast cancer* undergoing major surgery, individual VTE risk should be assessed and tamoxifen treatment should only be stopped if the risk of tamoxifen-induced thrombosis clearly outweighs the risks associated with interrupting treatment. For patients with a high risk of VTE refer to the Consultant for a decision on whether to continue or withhold pre-operatively according to the risk of Tamoxifen-induced thrombosis. All patients should receive appropriate VTE prophylaxis as assessed against the Trust VTE risk assessment. For patients taking tamoxifen for the primary prevention of breast cancer, or for the treatment of anovulatory infertility, tamoxifen should be discontinued 6 weeks pre-operatively and restarted only when the patient is fully mobile.

MONITORING TOOL

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
4-19	Essential regular medicines will not be omitted pre-operatively from surgical patients (unless there is a clinical reason to do so)	Audit	Annual	Pharmacy	Medicines Optimisation Committee	Annual

References:

1. Department of Health: Tamoxifen and Risks of Thromboembolic Events. CEM/CMO/2002/4.
2. Drugs in the peri-operative period: hormonal contraceptives and hormone replacement therapy. Drugs and Therapeutic Bulletin 1999;37:78-80.
3. Davies G, Checketts MR. Regional Anesthesia and antithrombotic drugs. BJA (CEACCP)2012; 12(1): 11-16
4. The United Kingdom Clinical Pharmacy Association. The Handbook of perioperative Medicines. Third edition. Accessed online January 2024 via https://www.ukcpa-periophandbook.co.uk/
5. Hussain T et al. International Journal of Surgery, Stopping tamoxifen per-operatively for VTE risk reduction: A proposed management algorithm. 2012 accessed on May 2021 via https://doi.org/10.1016/j.ijsu.2012.05.001
6. NICE, 2019. Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer. Clinical guideline [CG164]. Available online at https://www.nice.org.uk/Guidance/CG164. Accessed 13/06/2021
7. Summary of Product Characteristics for Tamoxifen via https://www.medicines.org.uk/emc/product/2248/smpc accessed January 2024.
8. Summary of Product Characteristics for Utrogestan 100mg Capsules - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) Accessed January 2024.

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Keith Hinton	Clinical Team Lead Pharmacist, Critical Care, Theatres and Surgery WAHT
Dr Harsha Mistry	Consultant Anaesthetist and Clinical lead for pre-admission clinics

Circulated to the following individuals for comments

Name	Designation
Dr James Hutchinson	Consultant Anaesthetist and Clinical Governance lead

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Dr Rob Glasson	Clinical Director Anaesthetics
Mr Stephen Goodyear	Surgical Divisional Medical Director

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Keith Hinton**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Keith Hinton	**Countywide Lead Clinical Pharmacist for Critical Care, Surgery and Anaesthetics**	**Keith.hinton1@nhs.net**
Date assessment completed	**21/01/2024**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: HRT and tamxifen perioperative medicines use Guideline**			
What is the aim, purpose and/or intended outcomes of this Activity?	To provide guidance and improve preoperative hydration status and perioperative medicines use.			
Who will be affected by the development & implementation of this activity?	❑	Service User	❑	Staff
	■	Patient	❑	Communities
	❑	Carers	❑	Other _____
	❑	Visitors	❑	

Is this:	X Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	See reference list
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	See contribution list
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	**Potential positive impact**	**Potential neutral impact**	**Potential negative impact**	**Please explain your reasons for any potential positive, neutral or negative impact identified**
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				

When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carers etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	**Yes/No**
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval