

Table 2 Overview of dosing information on commonly used drugs after bariatric surgery

| Therapeutic group | Action after bariatric surgery: |
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| ANTITHROMBOTIC AGENTS | |
| Direct Oral Anti Coagulant <i>apixaban, rivaroxaban, dabigatran & edoxaban.</i> | Avoid use because of potential insufficient effects and the availability of an alternative therapy (VKAs / LMWH). |
| Platelet Aggregation Inhibitors <i>Clopidogrel, acetylsalicylic acid, ticagrelor & prasugrel</i> | Current evidence shows that there is no reason to adjust the dose after bariatric surgery even though there is evidence that in obese patients there is increased platelet activation |
| Vitamine K Antagonist <i>Warfarin, acenocoumarol, fenprocoumon</i> | Monitor INR frequently post-surgery. The dose after surgery may initially decrease and then normalise to the presurgery dose over the following months ^{121–124} . |
| ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS | |
| Endocrine Therapy <i>Tamoxifen</i> | Monitor serum concentration regularly (tamoxifen concentration > 5.9 ng/mL) ⁵⁴ . |
| CENTRAL NERVOUS SYSTEM | |
| Serotonin Reuptake Inhibitors <i>Sertraline, paroxetine, duloxetine, venlafaxine, citalopram & escitalopram</i> | Monitor for therapy failure particularly in the first six months after surgery, consider TDM, and, if necessary, adjust dose accordingly ^{117–120} . |
| GENITO URINARY SYSTEM AND SEX HORMONES | |
| Oral contraceptives | Alternative contraceptives should be considered, particularly in the case of chronic diarrhea ^{90,94–96} . |
| ALIMENTARY TRACT AND METABOLISM | |
| Proton Pump Inhibitors <i>Omeprazole, pantoprazole, esomeprazole.</i> | Monitor for signs of therapy failure, if necessary reconsider dose and/or administration of opened capsules ²¹ . Take in to consideration that PPIs are prone to degradation by the acidic environment of the stomach. Only advice opening when this is allowed according to the SmPC. |
| MUSCULO-SKELETAL SYSTEM | |
| Anti-inflammatory drugs, non-steroids <i>Ibuprofen, diclofenac, naproxen</i> | First six months: Contra-indicated After six months: Discourage use |
| ANTIINFECTIVES FOR SYSTEMIC USE | |
| Antibiotics | <i>B-lactam (amoxicillin, ampicillin and (phenoxymethyl-)penicillin)</i> No specific dose alteration seems required, consider dosages in the higher range of the normal dosage. There is evidence for lower concentrations compared to normal weight subjects, however these concentrations are judged high enough to treat common pathogens ^{44–48} . |

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| | <p><i>Macrolides (azithromycin and erythromycin)</i></p> <p>Lower exposure after surgery, discourage use ^{49,50}.</p> <p><i>Fluoroquinolones (ciprofloxacin and moxifloxacin)</i></p> <p>No specific dose alteration seems required, consider dosages in the higher range of the normal dosage. No relevant decrease in plasma exposure after surgery has been reported ^{51,52}.</p> <p><i>In general</i></p> <p>Consider the target site of the infection, severity of infection, possibility of other than oral route of administration and toxicity of the antibiotic of choice when selecting the dose. Reduced tissue penetration for instance to the skin has been reported ^{42,43}. Monitor the effect and possible side effects of antibiotics closely after surgery.</p> |
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