Clozapine and general anaesthesia

The information in this document is not intended as a definitive treatment strategy, but as a suggested approach for clinicians. It is based on previous successful experience. Each case should, of course, be considered individually.

This information is provided for healthcare professionals and should not be used as a patient information leaflet.

If a patient on Clozaril® (clozapine) is going to have surgery it is essential that the anaesthetist is aware that the patient is taking clozapine so that the anaesthetic protocol can be reviewed as necessary.

Please refer to the Clozaril® Summary of Product Characteristics (SmPC) for full prescribing information.1,2

In view of the CNS effects of Clozaril®, caution is advised in patients being treated with this drug who are also being administered general anaesthesia.

Clozapine and anaesthetics, such as propofol, etomidate and thiopental sodium, can both increase the risk of hypotension leading to a possible enhanced effect.3 Clozapine has an alpha-adrenoceptor blocking effect.4 It may, therefore, reduce the blood-pressure-increasing effect of norepinephrine or other predominantly α-adrenergic agents, and patients treated with clozapine may require higher doses of these drugs. In addition, patients treated with clozapine may paradoxically experience hypotension when administered epinephrine.1,2

Like many antipsychotics, clozapine can lower the seizure threshold in some people and consideration should be given to the possible epileptogenic potential of any anaesthetics used (whether intravenous or inhaled) or other drugs given during surgery.

If clozapine is withheld before surgery and discontinued for more than 48 hours, treatment should be re-initiated with 12.5mg given once or twice on the first day. Patients who have been on Clozaril® for more than 18 weeks and have had their treatment interrupted for more than 3 days but less than 4 weeks should have their WBC count and ANC monitored weekly for an additional 6 weeks.

References

Adverse events should be reported.
For the UK, reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
For Ireland, report adverse events via HPRA Pharmacovigilance mediasecurity@hpgra.ie.
Adverse events should also be reported to Mylan via cpms@mylan.co.uk