

As it appears in Younan M, Atkinson TJ, **Fudin J.** A Practical Approach to Discontinuing NSAID Therapy Prior to a Procedure. Practical Pain Management. 2013 Nov/Dec; 13(10):45-51.

Number of Half-Lives	Percentage of Dose Remaining, %	Percentage of Dose Eliminated, %
0	100	0
1	50	50
2	25	75
3	12.5	87.5
4	6.25	93.75
5	3.125	96.875

Drug (Brand)	t _{1/2} , h	5t _{1/2} , h	Discontinuation, d
Salicylic Acids and Esters			
Choline Magnesium Trisalicylate (Generic)	9-17	45-85	4
Diflunisal (Generic)	8-12	40-60	3
Phenylacetic Acids			
Diclofenac (Cambia, Cataflam, Flector, Pennsaid, Solaraze, Voltaren, Zipsor, Zorvolex, generic)	2.3	11.5	1
Carbocyclic and Heterocyclic Acids			
Etodolac (Lodine, generic) ^a	7.3 ±/ 4	36.5 +/- 20	3
Indomethacin (Indocin, generic)	4.5	22.5	1
Ketorolac (Sprix, generic)	≈ 5.3	26.5	2
Sulindac (Clinoril, generic)	16-18	80-90	4
Tolmetin (Tolectin, generic)	2-6	10-30	3
Propionic Acids			
Fenoprofen (Nalfon, generic)	2-3	10-15	1
Flurbiprofen (Ansaid, generic)	7.5	37.5	2
Ibuprofen (Advil, Motrin, generic)	1.8-2.0	9-10	1
Ketoprofen (Generic)	1.6-4	8-20	1
Naproxen (Aleve, Anaprox, Naprosyn, generic)	12-17	60-85	4
Meclofenamate (Generic)	3-4	15-20	1
Enoic Acids			
Nabumetone (Generic)	26	130	6
Meloxicam (Mobic, generic) ^a	15-20	75-100	5
Piroxicam (Feldene, Therafeldamine, generic)	50	250	11
COX-2 Inhibitors			
Celecoxib (Celebrex) ^a	11	55	3

COX, cyclooxygenase, NSAIDs, non-steroidal anti-inflammatory drugs

^a COX-2 selectivity: etodolac>meloxicam>celecoxib. If the clinician chooses to discontinue these medications due to presumed perioperative risk, the recommended times are listed. However, in the absence of significant bleeding risk, such as during CABG surgery or with thromboembolic disease, these medications could theoretically be continued safely to provide preemptive and perioperative analgesia.