

GLP-1 Medications (Ozempic, Mounjaro): A Nurse's Guide

By Robyn Warnell, BSN, RN

My patients always cringe when I tell them that they need to stop their GLP-1 a week before their joint replacement surgery. And, I get it. They've finally found something that works! The last thing they want to do is go without it. GLP-1 medications like Ozempic and Mounjaro have become a major cultural phenomenon. They've helped millions of people lose weight and manage diabetes. In fact, about 12% of U.S. adults have used or are currently using GLP-1 medications. As a nurse, I don't want the 'buzz' to outpace the actual information. So, let's talk about how GLP-1s work and what you should know about them.

What Are GLP-1 Medications and How Do They Work?

Your gut produces GLP-1 (glucagon-like peptide-1) after eating. It tells your pancreas to release insulin, slows down the emptying of your stomach, and tells your brain that you're full. GLP-1 medications mimic this hormone's effects at much higher levels. The results are improved blood sugar control, slower digestion, and a significant reduction in appetite. Most people find they eat 25-50% fewer calories without feeling like they're forcing it.

Not all GLP-1 medications are the same:

Semaglutide. The primary active ingredient in both Ozempic and Wegovy is semaglutide. Semaglutide specifically works on GLP-1 receptors.

Tirzepatide. Mounjaro and Zepbound use the active ingredient tirzepatide to target both GLP-1 and GIP receptors. The GIP receptors bind Glucose-dependent Insulinotropic Polypeptide (GIP) to stimulate insulin production. Users may see greater weight loss with Mounjaro and Zepbound.

Ozempic and Mounjaro treat diabetes. Wegovy and Zepbound are for weight management. Both semaglutide- and tirzepatide-based medications are weekly injections. Rybelsus is an oral form of semaglutide currently approved only for the treatment of diabetes.

How Much Weight Do People Actually Lose on GLP-1 Meds?

GLP-1 medications work, but they're not a magic bullet. Like many other things in life, people respond differently. In clinical trials, users of semaglutide lost an average of 13-15% of body weight over 68 weeks. Tirzepatide users lost around 18-21% body weight over 72 weeks. Another trial found that tirzepatide-based medications yielded 20.2% weight loss, compared with 13.7% with semaglutide-based medications at 72 weeks.

Keep in mind that real-world results don't always match those of controlled clinical trials. Individual results will vary based on dose, adherence, diet, activity, and genetics. It's also worth noting that side effects cause about half of patients to discontinue GLP-1 therapy within the first year.

GLP-1 Side Effects: What Nobody Tells You About the First Few Weeks

To get the most from your GLP-1 journey, it's important to understand how these medications might affect you. There are ways to help manage side effects. Nausea is the top reason people stop taking medicines containing semaglutide or tirzepatide. You may also have vomiting, diarrhea, constipation, or abdominal discomfort. People typically notice this most during 'dose escalation,' the first 4 to 8 weeks when your dosage is increased. Symptoms tend to improve after your body has had a chance to adjust to the higher doses.

Being prepared for side effects and knowing how to manage them improves your success with GLP-1 medications. A common mistake is rushing dose escalation. Start low and go slow. Rethink your eating habits to help manage abdominal symptoms. Focus on smaller meals, eat lean proteins, and avoid greasy, heavy foods. Paying attention to how you eat is especially important on your weekly injection day. When you're eating less, dehydration sneaks up on you, and diarrhea and vomiting can make it worse. Make sure to drink water consistently throughout the day. Just because you have a reduced appetite doesn't mean you should stop eating. Your body still needs protein, healthy fats, and nutrients.

There are also some less common but important side effects of GLP-1 medications for you to know about. Rapid weight loss can result in gallstones and other gallbladder problems. Dehydration can stress your kidneys. A few participants in the Wegovy clinical trial experienced hair loss, which is typically temporary during rapid weight loss. Pancreatitis is a rare but serious side effect that can result from GLP-1 use. If you are having abdominal pain, especially if it's radiating to your back, seek medical attention immediately. If you are experiencing any other concerning side effects, such as decreased or painful urination or low back pain, please get in touch with your doctor.

Why Your Medical Team Needs to Know About Your GLP-1

All of your healthcare providers need to know that you're taking semaglutide or tirzepatide. Having complete information enables them to make optimal treatment choices for your health. Tell every member of your care team you're on a GLP-1. Don't assume it's in your chart.

Informing your medical providers about GLP-1 use is especially important if you're having anesthesia. Remember my joint replacement patients being upset about having to stop their semaglutide or tirzepatide? The main reason is that GLP-1 meds slow stomach emptying. If you're going under anesthesia, this can increase your risk for aspiration. Aspiration occurs when stomach contents enter your lungs and can cause serious complications. Make sure to stop your GLP-1 as instructed.

What Happens If You *Stop* Taking GLP-1 Medication?

There are valid concerns associated with GLP-1s. These medications can cost \$800 to \$1,300 per month without insurance. And if you're thinking about stopping? The fear of gaining it all back can feel like facing square one again.

Almost 65% of people taking GLP-1 medications for weight loss will stop within a year. Do they gain all the weight back? Clinical trials show about 40% weight regain at 28 weeks after stopping semaglutide. Patients who stopped taking tirzepatide experienced about 50% weight regain within 52 weeks.

Whether it's due to side effects or cost, there is hope even if you stop your GLP-1. Yes, regain is likely. However, a data review found that more than half of participants maintained their weight or lost additional weight 2 years after stopping. Be sure to discuss your long-term plan with your doctor before getting started on semaglutide or tirzepatide.

Obesity is a chronic condition like high blood pressure or diabetes, often needing continuous management. Don't beat yourself up if you need to stop your GLP-1. Create a plan to move forward toward your healthiest self.

What Would a Nurse Tell You Before Starting a GLP-1?

It's clear that semaglutide and tirzepatide are here to stay and for good reason. These medications represent a true medical breakthrough, not just a fad. Remember that they aren't shortcuts. GLP-1s work best when combined with dietary changes, physical activity, and ongoing medical monitoring.

Learn about what GLP-1 medications will mean for you before starting them:

- Ask your doctor if semaglutide or tirzepatide is the right option for you.
- Find out about the plan for dose escalation, what side effects to watch for, and what to do if side effects are hard to manage.
- Make a long-term plan with your doctor. It's also important to know what your insurance will cover.

You deserve a provider who takes the time to answer these questions. Don't settle for a prescription without a conversation.

Key Takeaways:

- Ozempic/Wegovy & Mounjaro/Zepbound are GLP-1 medications that mimic your natural gut hormone to reduce appetite and improve blood sugar control.
- Average weight loss in clinical trials ranges from 13% to 21%, depending on the medication.
- GI side effects are common but usually improve after the first few weeks. Start low and go slow with dose escalation.
- Let your medical team know if you're using a GLP-1, especially if you'll be having anesthesia.
- Begin with the end in mind and have a long-term plan before you start.
- Pair GLP-1s with lifestyle changes and ongoing provider support.

Author Bio

Robyn Warnell, BSN, RN, ONC is a registered nurse with over 21 years of clinical experience spanning orthopedics, oncology, med-surg nursing, urgent care, and more. She writes evidence-based health content designed to make complex medical topics accessible and trustworthy.

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