ERAS Guidelines for EGS, Colorectal and Bariatric Surgery Patients

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Preoperative: (Day of Surgery)

Guideline--Routine use of non-opioid analgesics prior to induction of anesthesia. Verify that preop meds have been ordered or given.

1) Acetaminophen (Tylenol®) 975 mg
   - Oral (liquid, tablet, or capsule)
   - Exception: Patients with a contraindication to Acetaminophen such as an allergy or adverse reaction
   - Avoid PO administration if OGT/NGT required during surgery, aspiration risk factors present.

2) Gabapentin (Neurontin®) 600 mg PO
   - Do NOT use in patients already taking this medication
   - At the discretion of the anesthesia and surgical teams as there is poor evidence of benefit.

3) Routine avoidance of **any** opioids prior to surgery. If patient on chronic opioids, routine scheduled dose should be given.

4) Clear Carbohydrate Drink protocol: (To be ordered by Surgeon)
   - 7am case: 2 drinks the night before, stopping at midnight.
   - All other times: 2 drinks the night before, 1 drink 8 hours prior to scheduled OR time
   - Insulin dependent diabetics: 1 drink the night before with 1/2 their scheduled Insulin dose. NO further drinks.

5) Epidural placement
   - Discussion with surgical team on ALL cases scheduled as OPEN procedures
   - Review labwork, anticoagulation status, DVT prophylaxis administration prior to placement

Intraoperative:

Guideline—Utilize opioid sparing techniques

1) Use opioids sparingly for induction and during surgery. If possible, avoid opioids for the last 45 minutes of the operative procedure.

2) Fluids: Lactated Ringers: If clinically appropriate, recommend 10cc/kg bolus in beginning of case to compensate for bowel prep, NPO status. 3-5cc/kg/hr maintenance in addition to replacement for blood or exudative loss.

3) Epidural: If placed, utilize during surgery at the discretion of anesthesia team if appropriate:
   - Bupivicaine epidural bolus and gtt (0.1% @ 5-10cc/hr)
   - Lidocaine preservative free epidural bolus and gtt (0.5% @ 5-10cc/hr)
   - Fentanyl 50-100mcg/hr epidural

4) Consider:
   - IV Ketamine infusion
     - Ketamine 0.5 mg/kg IV on induction or prior to incision
     - Ketamine gtt (0.1-0.3 mg/kg/hr) until 45 minutes prior to the end of surgery
   - IV Acetaminophen (Ofirmev®): For adult and adolescent patients weighing ≥ 50 kg 1000mg IV administration over 15-30 minutes if no acetaminophen administered in past 8 hours.
   - IV Toradol 15-30mg after discussion with surgeon

5) Perform transversus abdominus plane (TAP) blocks in **ALL** Patients without an allergy or contraindication (such as an epidural or lidocaine infusion)
   - TAP blocks may be performed under laparoscopic or ultrasound guidance
   - Anesthesiology will **obtain consent preoperatively** and perform TAP blocks on all bariatric, EGS, Colorectal surgery patients if appropriate
     - TAP block to be performed post induction
     - If case is longer than 3 hours, reblock at end of case.
     - Options
       - Bupivacaine (maximum dose of 2.5 mg per kg)
       - Consider Adjuncts such as Epinephrine, Dexamethasone, or Precedex (0.5mcg/kg)

Postoperative: Post-Anesthesia Care Unit (PACU)

Guideline--Routine use of nonopioid analgesics after surgery. Please remember to order Tylenol and opioids separately. DO NOT order combination medications.

1) Acetaminophen (Tylenol®) 975 mg PO or IV Acetaminophen (Ofirmev®) 1000mg if not given in last 8 hours.

2) Ketorolac (Toradol®) 15 mg IV if not given in last 6 hours
   - Contraindicated with glomerular filtration rate (GFR) <60
   - Caution should be exercised in elderly patients

3) Oxycodone IR 5-10 mg PO or Dilaudid IV 0.2-0.4mg
    - Avoid the use of combination analgesics (examples include: Percocet®, Norco®, Norco®, Vicodin®, Lorcet®, Hycet®)

4) Epidural infusion:
    - (Use APS-Anesthesia-Adult Epidural PCEA order set) as soon as possible (prior to leaving OR)
    - Bupivicaine 0.1%/Fentanyl 2mcg/ml <u>OR</u> Bupivicaine 0.05%/Fentanyl 2mcg/ml infusions @ 6-10ml/hr with Bolus 3-5ml every 15-20 minutes