

# UCSF Benign Gynecology ENHANCED RECOVERY PATHWAY

ANESTHESIA				Gyn MD	NURSING	PATIENT
DAYS B4	PREPARE	Verify pre-op meds ordered by Gyn (see below)		Use orderset #2122: med orders & instructions re: TAP block in case booking comments		Learn post-op goals and plans for discharge.
		Phone or in person consult: provide pre-op instructions via MyChart (" .PREPAREERAS")		Patient Education, hand out brochure		
DOS. PRE-OP	MEDICATIONS	Order Pre-Op Warming. PIV. Crystalloid @ 30 ml/hr		No mechanical bowel prep prior to arrival	Please complete Pre-Op RN checklist 45 minutes prior to OR start time, then Green Light.	Solid food allowed until day before surgery. Clear liquids taken up until 2 hours before arrival
		Gabapentin	600mg once	On clears day prior to surgery, Nothing by mouth for four hours before surgery except for a Boost Breeze completed 2 hours before coming to hospital.	Place Pre-Op warming with bear hugger. IV placed. Crystalloid at 30mL/hr.	Risks of surgery and anesthesia will be discussed.
		Acetaminophen	1000mg once			
		Diclofenac (if eGFR>60)	100mg once			
	PONV	Scopolamine	1.5mg TD once (if > 3RFs)	Consent checked, Site Marking, and 24-hr H&P completed 40 minutes before OR start time. Discuss Epidural need with anesthesia team.	Urine Preganancy Test	
					ICS teaching	
	REGI ONAL				Gabapentin 600, APAP 1000, Diclofenac given once with water (<100ml).	
INTRA-OP		Maintain patient temperature >36 C		TIMEOUT: Review opioid sparing strategy, PONV, SCIP measures + IVF management		
		Alveolar recruitment maneuver: sustained inflation by CPAP with pressures from 30 to 40 cmH2O for 30 seconds x 3 IMMEDIATELY prior to extubation. (laparoscopic cases)		Request Alveolar recruitment maneuver		
		Orogastric tube inserted for laparoscopic surgery, placed to suction once and then clamped.		If on steroids, ask for Hydrocortisone 100mg IV x 1		
		All cases: SCDs; Open Cases with risk factors: Heparin 5000 U				
	TXA	TXA 10 mg/kg bolus => 1 mg/kg/hr For EBL>400		Request TXA for expected EBL>400		
	IVFs	Fluids: NTE 2 L for straightforward colectomies unless EBL>300ml,				
	ABX	Antibiotic if indicated (mainly for hysterectomy): Cefazolin		1-2g IV q4		
	PONV	Dexamethasone	4 mg IV x 1 after induction/before incision			
		Ondansetron	4mg IV x 1			
	PAIN Medication	*Metoclopramide		10mg IV x 1 (if > 3RFs)		
		ALL		Minimize opioid medications		
		Laparoscopic		*IV lidocaine 2mg/kg/hr *IV magnesium 30 mg/kg bolus over 30 minutes followed by 6 mg/kg/hr (For lap or if patient or provider declines TAP)		
ACU	CATION	Open		*Bilateral TAP block. 20ml of Ropi 0.2% each side	DEBRIEF: Review opioid sparing strategy, diet advancement, fluids	
		Minimize opioid medications. Order opioid of choice: Hydromorphone or Morphine		Post-op Orderset #2345	Minimize opioid medications. Hydromorphone or Morphine IV PRN. Titrate to RR 12.	

# Perioperative Pathways

PA	MEDI	Order Antiemetics				
		GYNECOLOGY SERVICE			NURSING	PATIENT
FLOOR/ICU POD 0	MEDICATIONS	Gabapentin	600mg PO QHS	Determine potential discharge POD1 - plan Discharge Orders	Vital signs q4H, I&O shift	Out of bed 6 hours after surgery (if patient awake)
		Acetaminophen	1000mg PO or IV q6H		Fluids: Maintenance IVF for 6 hrs post-op, then SLIV Diet: Regular.	Diet: Regular
		*Toradol (if eGFR>60)	15mg IV q6H		Activity: OOB to chair @ 6 hrs post-op	Ambulation: ASAP
		*Diclofenac (if eGFR>60)	50mg PO BID		GI ppx: Senna & Colace	Keep SCD boots on
		IV Dilaudid and Oxycodone PRN			Foley catheter out at 6 hours post-op	
FLOOR/ICU POD1 -	MEDICATIONS	Continue pain regimen while in-patient		No routine labs	Discharge Teaching	Ambulation ASAP
		Discharge home with Colace 250mg BID prn constipation		Discharge order in before 10am to facilitate Discharge by Noon	Discharge by Noon	Plan transportation to be ready before noon
		Home pain regimen: Acetaminophen, ibuprofen and oxycodone				