

Gynecology/Oncology Open surgery Enhanced Recovery Pathway

Activities Before Surgery			
	Day -6 to -1	Day -1	
Clinic Visit	<ul style="list-style-type: none">Pre-op Clinic Visit. Discuss care map with patient and set expectationsConsent signed		
Diet	<ul style="list-style-type: none">IMPACT advanced recovery drink each 3x/day for 5 days prior to surgery	<ul style="list-style-type: none">Prior to midnight, drink 8 oz apple juiceFor 6 hours before surgery, no solid foods	
Fluids		<ul style="list-style-type: none">Clear liquids up to 4 hours before surgery.	
Medications	<ul style="list-style-type: none">Bowel prep (Surgeon discretion – must be MBP + oral antibiotics)		
Day 0: Pre and Peri-Operative Milestones			
	Pre-OP	Intra-OP	PACU
Pain	<ul style="list-style-type: none">1000mg Acetaminophen PO pre-op;Gabapentin 600mg po	<ul style="list-style-type: none">IV opioids at discretion of anesthesiologistIncision closure: Fascial and SQ liposomal bupivacaine (Exparel 266mg/20ml) prior to closure. Wristband will be placed by OR RN. Add check to Scope 4.	<ul style="list-style-type: none">Continue Acetaminophen 1000mg q 6hrs PO (or IV if NPO)Consider ketorolacUse IV narcotics sparingly: Consider Hydromorphone PCA 0.2/6/0 only if pain not controlled after doses of IV dilaudid****If poor pain control, pain consult for ketamine gtt
Diet	<ul style="list-style-type: none">Patient drinks 8oz of apple juice on way to hospital, 2-3 hours before scheduled surgery		
Fluids	<ul style="list-style-type: none">If IV in, LR at 50 cc/hr	<ul style="list-style-type: none">Goal: Intraoperative euvolemiaInduction period: 7ml/kg of LR over 30 minutes**During surgery: 5ml/kg/hr of LR.Target UOP 0.3-0.5ml/kg/hr***	<ul style="list-style-type: none">D5LR at 1ml/kg/hr, saline lock when po intake > 500mLTarget UOP of 0.3-0.5ml/kg/hr
Mobility			
Medications	<ul style="list-style-type: none">Heparin 5000sqEntereg: Alvimopan 12 mg po q12h x 7 days or until first BM*	<ul style="list-style-type: none">IV Abx before inductionAnesthesia: PONV: Prophylaxis with induction: dexamethasone 10 mg IV + Scopolamine patch if patient is <60 yrs old; or + metoclopramide 10mg IV if patient is >60 years oldBefore incision closure: ondansetron 8mg IV	→
Vitals/ Monitoring	<ul style="list-style-type: none">Check blood glucose		→
	<ul style="list-style-type: none">Place portable Sequential Compression Devices (SCD) in Pre-Op area	<ul style="list-style-type: none">FoleyMepilex dressing appliedDrain avoidance – selective use onlyOG Tube (if used, must remove at end of case)	→

*Unless a chronic opioid user (on narcotics within 1 week of surgery)

**The goal is intraoperative euvoolemia

*** In case of blood loss (ml for ml) replace with colloid (5% albumin). If Hypotensive, treat with phenylephrine up to 0.8mcg/kg/min or norepinephrine up to 0.04 mcg/kg/min. For hypotension not responsive to the suggested dose of vasopressor (only use one), administer 3ml/kg of LR over 20 min and reassess.

****Check for SQ liposomal bupivacaine; if given provides 72-96 hours of pain management.

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Inpatient Milestones:7SE Target Post-Op LOS = 3 -4 days				
	Post Op Day 0	Day 1	Day 2	Day 3 (Discharge)
Pain	<ul style="list-style-type: none">○ Oxycodone po prn○ If poor pain control, consider dilaudid PCA○ RTC acetaminophen 1000mg Q6 PO (max 4gm/day). IV if NPO○ Ketorolac 15mg IV q6 hours	<ul style="list-style-type: none">○ Oxycodone po; acetaminophen po RTC○ Start Ibuprofen 600 mg po q6h or ketorolac 15 mg q6h IV if NPO○ IV dilaudid prn or PCA if no relief with oral meds	<ul style="list-style-type: none">○ Discontinue IV medications○ Oxycodone PO, acetaminophen RTC PO, ibuprofen RTC	
Diet	<ul style="list-style-type: none">○ General diet○ 1 box Impact nutritional supplement drink by midnight	<ul style="list-style-type: none">○ General diet○ Start 2 boxes Impact nutritional supplement drink daily until discharge○ If nausea, distention call HO. Give antiemetics		
Fluids	<ul style="list-style-type: none">○ D/C OR fluids on arrival to floor○ IV fluids 1ml/kg/hr○ Target UOP 0.3-0.5 ml/kg/hr.	<ul style="list-style-type: none">○ Aim for early oral fluid intake.○ DC IVF in am		
Mobility	<ul style="list-style-type: none">○ Encourage to sit up on edge of bed after last set of post-op VS○ OOB to chair○ PT Consult	<ul style="list-style-type: none">○ OOB for all meals○ Walk 3-4 times in the hall – goal 9 laps & OOB 8hr/day	<ul style="list-style-type: none">○ Walk 3-4 times in the hall – goal 18 laps & OOB 8hr/day	
Medications	<ul style="list-style-type: none">○ Heparin 5000 units SQ q 8h○ Continue Alvimopan 12 mg po q12h x 7 days or until first BM*○ PRN medications: ondansetron, prochlorperazine, diphenhydramine, magnesium hydroxide, bisacodyl, simethicone.	<ul style="list-style-type: none">○ Lovenox 40 mg sq daily○ Senna 8.6mg PO qhs○ MiraLax 17g PO prn○ Magnesium oxide 400mg PO BID		
Vitals/ Monitoring	<ul style="list-style-type: none">○ Incent. spiro:10x/hr while awake until d/c	<ul style="list-style-type: none">○ Labs x 1○ Blood glucose fasting POD1 and 2		
Equipment	<ul style="list-style-type: none">○ SCD on while in bed until d/c	<ul style="list-style-type: none">○ Remove foley catheter○ Remove Mepilex dressing		
Support Services	<ul style="list-style-type: none">○ OT consult	<ul style="list-style-type: none">○ Pharmacy consult for Lovenox teaching for d/c (28 days)○ SW Consult	<ul style="list-style-type: none">○ Medicine reconciliation day before discharge	<ul style="list-style-type: none">○ Goals for D/C are met○ Discharge home.○ F/u apt is scheduled 2-3 weeks post-op