Colorectal ERAS Pain/Anesthesia Protocol

Exclusions - Patients on daily pre-op opiates for >2 months.
Abnormal LFTs
Abnormal coags
Abnormal Creatinine

Immediately Pre-op- 1000 mg Acetaminophen po (and then po or IV q6h till discharge)
Alvimopan 12 mg po q12h until first bowel movement

Thoracic Epidural aimed at upper level of incision (tested with 3 cc 1.5% Lidocaine w/ Epi 1:200K).

Intra-op 1/16% Bupivicaine plus Fentanyl 2 micrograms/cc infused at 10 cc/hr started ASAP after anesthesia induction. Avoid systemic opiates (especially Morphine and Dilaudid)

Fluid Goals: Induction - 7ml/kg of LR over 30 min
Maintenance – 5 ml/kg/hr of LR (target 0.3-0.5 ml/kg/hr urine)
Blood Loss – Replace with colloid (5% Albumin) ml for ml

PACU Change to PCEA with 6 ml/hr infusion in PACU.

For breakthrough pain:
Epidural Fentanyl (25-50 micrograms) (followed by 3 cc NS) and infusion increased, by 2ml/hr - followed by increased Bupivicaine concentration (1/10% then 1/8%) if BP okay.

If BP low or pressors ongoing, talk with surgeons about Toradol (with regard to bleeding & nephrotoxic risks). If BP unable to be controlled with low dose pressors or fluid bolus (500 cc) “split” epidural (take fentanyl out of epidural infusion and add IV opiate PCA) in preparation for, or as start of, stopping epidural.

POD 1 Alvimopan, PCEA and acetaminophen (PO) continued and Ibuprofen 600 mg po q6h started after lunch (in Crohn’s and Inflammatory Bowel Disease requires surgeon OK) (consider Toradol 15 mg q6h if opiate side effects and NPO).

POD 2 Epidural stopped and oxycodone started after SOLID breakfast tolerated (epidural pulled 4 hours later).