Hernia 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)
- 300 mg Gabapentin po (and then po tid if tolerating po meds until POD 3)
- Alvimopan 12 mg po q12h (ONLY for bowel resection) until 1st 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 urine 0.3-0.5 ml/kg/hr)
- Blood Loss – Replace with colloid (5% Albumin) ml for ml

PACU
- Change epidural infusion 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 prn by increased Bupivicaine concentration (1/10% then 1/8%) if BP okay.
  If BP low or pressors ongoing, talk with surgeon 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 start Ibuprofen 600 mg po q6h after lunch (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).

POD 3
- Stop gabapentin, Continue oxycodone, acetaminophen and ibuprofen