PAIN MANAGEMENT FOR LIVE LIVER DONOR

Purpose: To ensure that live liver donor patients receive a standardized and optimal approach to pain control after donation; (other select surgical patients also may benefit from this protocol)

Preoperative management:

1) Patient risk factor assessment
   OSA assessment: STOP-BANG, done by anesthesia
2) Bowel regimen – Golytely 4 L
3) Education/Expectation (pain, nausea, constipation)

Intraoperative: at beginning of case in OR:

1) Local infiltration of fascia with: 20 ml of 0.25% bupivacaine
2) Methylprednisolone 250 mg IV

Intraoperative: at end of case in OR:

1) 0.125% Bupivacaine in 0.9%NS 270mL in On Q Fixed Flow Rate 4mL/hr
2) Ketamine 20 mg IV x 1 dose administered by anesthesia
3) Ketorolac 30mg IV x 1 after rehydration and > 500cc urine output for case

Postoperative management:

1) End tidal CO2 monitoring (PACU only)
2) Continue On Q as above until POD #3 -> then d/c
3) Ketorolac 15mg IV  Q6 hours x 48 hours, then Celecoxib 400mg x1 then 12hrs later
   Start 200mg bid until discharge home
   *Hold for Creatinine rise of 0.5mg/dL above pre op baseline
4) Methylprednisolone 60 mg IV on POD #1
   Methylprednisolone 50 mg IV on POD #2
5) Hydromorphone PCA, 0.12mg IV, lockout interval 10 min, 0.72 mg max/hr.
   (No basal rate).
   After PCA d/c, hydromorphone 2-4mg PO q4H prn until discharge home
6) Education/Expectation (pain, nausea, constipation)