Title: Colorectal Surgery Carepath

SOP #: ANES CLN 100-017

Owner: Dr. Eswar Sundar
Review Date: Dec. 2018
Next Review Date: Dec. 2021
## Colorectal Surgery Carepath, (intraoperative)

### Goals

- To attenuate the stress response to surgery by using a minimally invasive approach as far as possible.
- Reduce protein catabolism by minimizing the fasting state and encouraging carbohydrate loading.
- Decrease the incidence anastomotic breakdowns and hasten the return of normal bowel function by adoption a fluid and opioid restrictive strategy.

### To whom it applies

- Open, laparoscopic and robotic elective colorectal surgery.

### NPO Guidelines

- **Carbohydrate loading**
  - Patient will be ingest carbohydrate gel the day before surgery and 2 hour prior to check in the day of surgery
- **Fasting**
  - No solids after midnight
  - Clears up until 2 hours prior to check in

### Meds ordered night before

- Gabapentin 300-600mg PO x 1 OR Pregabalin 75mg PO x 1.
- Acetaminophen 1000mg PO x 1
- **Avoid Scopolamine patch**
- **Avoid Benzodiazepines unless clearly indicated for anxiety or the need to do a procedure in the holding area.**

### Induction

- Low dose opioid with induction only (consider 50-100 mcg fentanyl or 0.2-0.4mg dilaudid)
- Decadron 8mg IV post induction (caution in diabetics)

### Intraop (Surgeon)

- Transverse abdominis plane block performed prior to closure by surgeons (bupivacaine 0.25% + epinephrine @ 1cc/kg)

### Intraop (Anesthesiologist)

- **Antibiotic prophylaxis:** (Cefazolin 2gm q 4hrs and Metronidazole 500mg (1gm for BMI>40) q 6 hrs)
- **Positioning:** Arms are tucked for laparoscopic and robotic procedures. Consider obtaining a second peripheral IV. Extension on IV set will be needed. Recommend disposable pulse oximetry sticker to prevent dislodgment when hands are tucked.
- **OGT post induction.** Removed at end of case

### Fluid management

- Start 1 Liter LR in preop area to be infused and completed by post induction. Caution in patient's who are unable to tolerate the 1L fluid bolus
- Maintenance: 3cc/kg/hr IBW (laparoscopic); 5cc/kg/hr IBW (open).
- Ideal Body Weight (IBW) determination guide:
  - 60 inches: 45kg
  - 65 inches: 60kg
  - 70 inches: 70kg
  - 75 inches: 85kg
- Don’t chase UOP during laparoscopic approach unless UOP is <0.5cc/kg/hr for 6 hours at which point terminate the pathway.
- For intraoperative hypotension in the absence of blood loss consider using vasopressors instead of giving additional fluid. If additional volume resuscitation is felt to be necessary consider colloids instead of
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<td>crystalloids.</td>
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<td>• In the case of significant blood loss consider termination of pathway</td>
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<td><strong>End of Case:</strong></td>
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<tr>
<td>• Ondansetron 4mg at end of case,</td>
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<tr>
<td>• Metoclopramide 10mg at end of case (also helps with gastric motility),</td>
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<td>5mg for patients 65-75 years old. Do not use in age &gt;75 year old and patients with Parkinson's disease.</td>
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<td>• Ketorolac 30 mg IV.</td>
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<td><strong>PACU</strong></td>
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<td>• Sign out to nursing that we are using a fluid restrictive strategy in this patient</td>
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<td>• Pain Management:</td>
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<td>• Dilaudid boluses per anesthesia post op order set</td>
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<td>• Tylenol 1gm IV if due (should have been administered preop)</td>
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<td>• Toradol 15-30mg IV if due (should have been administered intraoperatively)</td>
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