

UCSF Benign Gynecology Enhanced Recovery Pathway

		ANESTHESIA	GYN MD	NURSING	PATIENT
DAYS B4	PREPARE		Assess for anemia and order CBC and Feritin. If anemia, order oral iron or IV iron.	Administer IV iron at infusion center if ordered.	
		Verify pre-op meds and labs ordered by Gyn (see below) Phone or in person consult: provide pre-op instructions via MyChart ("PREPAREERAS")	Informed consent Telemed or in person consult: patient education brochure .AVSERASALL Use orderset #2122: med orders & instructions re: TAP block in case booking comments.		Learn post-op goals and plans for discharge.
Day of Surgery / Pre-op	MEDICATIONS	Pre-Op warming. PIV. Crystalloid at 30 ml/hr.	No bowel prep unless indicated	Complete Pre-Op RN checklist 30 min prior to OR start time	Solid food allowed until day before surgery. Clear liquids taken up until 2 hours before arrival
			Gabapentin 600mg once (not indicated for hysteroscopy) Acetaminophen 1000mg PO once Diclofenac (eGFR>60) 100mg PO once *Scopolamine (age <60) 1.5mg TD once (if > 3RFs)	ICS teaching Gabapentin, diclofenac & APAP given once with sip of water. Urine pregnancy test. Pre-Op warming with bear hugger. IV placed. Crystalloid at 30mL/hr.	Risk of surgery and anesthesia will be discussed
		Verify pre-surgical type & screen/check specimen if appropriate	Verify pre-surgical type & screen/check specimen if appropriate	Verify pre-surgical type & screen/check specimen if appropriate	

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INTRA-OP			Orogastric tube inserted if indicated for laparoscopic surgery (LUQ entry), placed to low intermittent suction.			
			Fluids NTE 2L unless EBL > 300mL.			
			Attempt to maintain patient temperature above 36.0 C.			
		ABX (Mainly for hysterectomy)	Antibiotic if indicated: 2 g IV q4 Cefazolin			
		TXA	TXA 10 mg/kg bolus => 1 mg/kg/hr For EBL > 300	Request TXA for expected EBL > 300		
		PONV	Dexamethasone 4mg IV x 1 after induction/before incision Ondansetron 4mg IV x 1 *Metoclopramide 10mg IV x 1 (if > 3RFs)			
			Minimize opioid administration *Bilateral TAP block. 20ml of Ropi 0.2% each side (For Open			
		PAIN ADJUNCT	*IV lidocaine 2mg/kg/hr *IV magnesium 30 mg/kg bolus over 30 minutes followed by 6 mg/kg/hr (For laparoscopic surgeries or if patient or provider declines TAP) Check with surgeon on toradol administration (15-30 mg) at end of case	Surgeon infiltration 0.25% Bupivacaine		
		Check Hemocue at end of case	If Hemocue < 7, order postop IV iron	Administer IV iron sucrose 300mg in 250 mL NS, infuse over 90 minutes intraop or in the PACU		
		Alveolar recruitment maneuver: sustained inflation by CPAP with pressures from 30 to 40 cmH2O for 30 seconds x 3 IMMEDIATELY prior to extubation. (laparoscopic cases)	Request Alveolar recruitment maneuver			
PACU	MEDS	Order opioid of choice: Hydromorphone or Morphine Order Antiemetics.	Post-op Orderset #2345 Benign Gyn Post op Addendum	Hydromorphone or Morphine IV PRN. Titrate to RR 12.		

		GYNECOLOGY SERVICE		NURSING	PATIENT	
POD#0	MEDICATIONS	CHOOSE 1	Gabapentin 600mg PO qhs		Vital signs q4H, I&O shift	Out of bed @ 6 hrs post-op (if patient awake)
			Acetaminophen 1000mg PO or IV q6H		Activity: OOB to chair @ 6 hrs post-op	Diet: Regular
			*Toradol (if eGFR>60) 15mg IV q6h		Fluids: Maintenance IVF for 6 hrs post-op, then SLIV Diet: Regular.	Ambulation ASAP
			*Diclofenac (if eGFR>60) 50mg PO BID		GI ppx: Senna & Colace	
			IV Dilaudid and Oxycodone PRN		Foley catheter out at 6 hours post-op	
POD#1-Discharge			Continue above pain regimen while inpatient	No routine labs		Ambulation ASAP
			Discharge home with oral iron if anemia (Hgb <11)	Include dot phrase '.ironpo' in discharge patient instructions		
			Confirm patient has home meds or Discharge with home meds: 1. Tylenol 325mg, 2 pills q 6 hrs prn pain #60 RF1 2. Ibuprofen 600mg, 1 pill q 6 hrs prn pain #30 RF1 3. Oxycodone 5mg, 1-2 q 4 hours prn severe pain #10-20 (10 LSC, 10-20 EOE, 20 Hyst or Open) 4. Polyethylene glycol prn constipation	Postop Instructions: .AVSERASALL		
			Home pain regimen to include: Acetaminophen, ibuprofen and oxycodone	Goal for discharge by noon	Goal for discharge by noon	Goal for discharge by noon