Preoperative
□ Patient Education & Expectations for Hospital
□ Medical Risk Consultation: Cardiac Clearance and PFTs for All Patients
□ Surgery Wellness Referral for >65 years old or concern for diminished functional status
□ Smoking Cessation: Goal 4 weeks prior to Surgery
□ Nutrition: Referral to Dietician for all esophagectomy patients

Intraoperative
□ Fasting:
  ▪ No solid food after midnight
  ▪ Clear liquid diet until 2 hours prior to arrival to hospital
□ Postoperative Nausea/Vomiting Prevention:
  ▪ Zofran 4mg at end of the case for all patients
  ▪ If young female or history of PONV, then use dexamethasone 4-8mg as well as scopolamine transdermal patch. If >75 years old, do not use scopolamine.
□ Lines:
  ▪ Arterial Line: Indicated for Esophagectomy and Lobectomy. To be removed at end of case if admitted to the ward.
  ▪ Central Line: Placed at discretion of anesthesia provider. To be removed at end of case if admitted to the ward.
□ Surgical Site Infection Prophylaxis:
  ▪ Ancef 2g (or 3g if >120kg) every 4 hours
  ▪ Discontinue following closure of wound
□ Venous Thromboembolism Prophylaxis:
  ▪ SQ Heparin 5000units given prior to incision and re-dosed every 8 hours
□ Normothermia
Lung Protective Ventilation:
- 2 Lung Tidal Volume 7ml/kg ideal body weight
- 1 Lung Tidal Volume 4-5ml/kg ideal body weight
- Respiratory Rate set to maintain PaCO2 40-50
- FiO2 100% until single lung ventilation, then decrease to goal <70% to maintain SpO2 >92-94%

Goal Directed Fluid Management:
- Goal Euvolemia

Pain Management:
- PCEA
  - To be used for esophagectomy and for open lung resection only; not to be routinely used for minimally invasive (VATS and robotic) resections
    - Level: T6/7 or T7/8
    - Solution: Ropivacaine 0.1% with 2 mcg/ml fentanyl
    - To be run throughout the case
- Tylenol:
  - PO 1g given in preop, then re-dosed every 6 hours
- NSAIDS:
  - To be used in all patients <75 years old and normal renal function.
    - IV Toradol 15mg q6h to be started at the end of the case
    - Transition to PO Diclofenac 50mg BID when patient taking PO.
- Gabapentin:
  - 600mg given in preop, then continued on the floor 300mg BID
  - Note: consider dose reduction or avoidance of gabapentin in older adults and patients with reduced renal function

Postoperative – Esophagectomy

POD0
- Admit to 8S or 10 CVT as Stepdown
- Ambulation Required Day of Surgery

POD1
- Ambulate QID

POD2
- Remove NGT
- Start Sips/Chips

POD3
- Advance to Clear Liquid Diet
- Remove Chest Tube
- Wean PCEA

POD4
- Advance to FLD
- Remove PCEA

**POD5**
- Discharge Home

**Postoperative – Open Lobectomy/Wedge Resection**

**POD0**
- Admit to 8S or 10 CVT
- Ambulation Required Day of Surgery
- Sips/Chips

**POD1**
- Advance diet as tolerated
- Ambulation QID
- Wean PCEA in PM

**POD2**
- Remove Chest Tube
- Remove PCEA

**POD3**
- Discharge Home

**Postoperative – Minimally Invasive (VATS and Robotic) Lobectomy/Wedge Resection**

**POD0**
- Admit to 8S or 10 CVT
- Ambulation Required Day of Surgery
- Sips/Chips

**POD1**
- Ambulation QID
- Advance diet as tolerated
- Remove Chest Tube/Discharge Home if Wedge Resection

**POD2**
- Remove Chest Tube/Discharge Home if Lobectomy