

UCSF Gyn Onc Enhanced Recovery Pathway: Laparoscopic

			ANESTHESIA	GYN ONC	NURSING	PATIENT
DAYS B4	PREPARE		Phone Consult or Appointment	Informed consent.	TUG assessment	Enroll in MyChart
			Provide pre-op instructions via MyChart or mail	Patient education, expectations management, Exercises for Recovery Consider Surgical Wellness		Learn about post-op goals and expectations, acquire Boost breeze or equivalent carbohydrate drink (e.g. Gatorade)
				Enter pre-op orders: medications, T&S/T&C. No bowel prep		Complete Exercises for Enhanced Recovery
Day of Surgery / Pre-op			Pre-Op warming, PIV, LR at 30 ml/hr.	Consent checked and 24Hr H&P completed 45 minutes before OR start time	Complete Pre-Op RN checklist 45 min prior to OR start time	No food after midnight. Boost breeze or equivalent carbohydrate drink (e.g. Gatorade) and water taken up until 2 hours before arrival to hospital on day of surgery.
			Complete anesthesia assessment		Pre-Op warming, IV placed, labs drawn (if applicable), LR at 30mL/hr, ISS teaching	
	MEDICATIONS			Gabapentin 600mg PO once Acetaminophen 1000 mg PO once Diclofenac (eGFR>60) 100mg PO once Scopolamine (age <60) 1.5mg TD once (if > 3RFs)	Gabapentin, diclofenac & APAP given once with sip of water	
INTRA-OP	MEDICATIONS		Draw 4 purple top tubes if consented for tissue bank	ERAS TIMEOUT: Review opioid sparing strategy, PONV, SCIP measures + IVF management		
			Orogastric tube to low intermittent suction			
			Maintain patient temperature >36.0 C			
		ABX	Antibiotic: Cefazolin 2-3g IV q4			
		IVF	Fluids: NTE 2L unless EBL >300mL. Use esophageal doppler to guide resuscitation			
PONV	Dexamethasone 4 mg IV x 1 after induction/before incision Ondansetron 4 mg IV x 1 Propofol gtt (if > 3RFs)	ERAS Debrief; Post-op pain regimen, diet orders, heparin dosing				
PAIN MANAGEMENT	Minimize opioid medications					
	Lidocaine 2mg/kg/hr IV gtt + Magnesium 30 mg/kg bolus over 30 minute followed by 6 mg/kg/hr					
	Alveolar recruitment maneuver: sustained inflation by CPAP with pressures from 30 to 40 cmH2O for 30 seconds x 3 IMMEDIATELY prior to extubation.	Request alveolar recruitment maneuver.				
PACU	MEDS		Minimize opioid medications	Complete Gyn Onc postop orders	Hydromorphone or Morphine IV PRN. Titrate to RR 10-12 BPM	
			Order Toradol or Acetaminophen if not contraindicated Order Antiemetics			

	GYNECOLOGIC ONCOLOGY SERVICE		NURSING	PATIENT
	FLOOR ORDERS	MEDICATIONS		
POD0	Labs: CBC, BMP 6 hours post-op, order morning CBC and BMP if indicated	Gabapentin 600 mg PO qHS	Vital signs q4H, I&O qShift	Out of bed 6 hrs after surgery
	Foley out 6 hours post-op	Acetaminophen 1000 mg PO or IV q6	Activity: OOB to chair 6 hrs post-op with nursing assistance	Practice incentive spirometry 10 breaths every hour while awake
	Fluids: Maintenance IVF	Optional: Toradol 15 mg IV q6 OR Diclofenac 50 mg PO q6 (eGFR>60)	Foley catheter out 6 hours post-op	Diet: regular as tolerated
	Diet: regular as tolerated	Breakthrough pain: Dilaudid or morphine IV, oxycodone PO	Diet: regular as tolerated	
		GI ppx: Senna & Colace.	Encourage incentive spirometry x 10 q1h	
	Anticoagulation:			
POD1	Follow-up any morning labs	Discharge prescriptions: oral opioid (Norco, Percocet), GI ppx, acetaminophen, NSAID	Vital signs q4H, I&O qShift	Walk five times daily, at least first time with nurse
	Fluids: SLIV		Activity: OOB to chair 6 hrs post-op with nursing assistance	Diet: regular as tolerated
		Diet: regular as tolerated	Encourage incentive spirometry x 10 q1h	Continue incentive spirometry
	Goal for discharge by noon	Goal for discharge by noon	Goal for discharge by noon	Goal for discharge by noon