WakeMed ERAS Hernia Clinical Pathway

Consult

Patient	• **SIGN** medical records authorization for prior operative notes/radiology scans for recurrent hernia consults
Surgeon	• **ERAS EDUCATION** including multimodal pain management and preoperative carbohydrate loading • **CONSIDER PREHABILITATION CONSULT:** Patient specific triggers including PT, Hernia Observation, Medical Weight Loss, and Tobacco Cessation • **ORDERS:** Enter Surgery Preop / ERAS Order Set • **DOCUMENT BLOCK/TAPS** in case posting description and in anesthesia request • **SCHEDULE** 2 week follow up appointment
Anesthesia	• ERAS EDUCATION including multimodal pain management, regional blocks, and postoperative nausea and vomiting

Day of Surgery / Preop

Patient	• **SHOWER** the night before with CHG wipes or antibacterial soap • **DRINK POWERADE** 12oz (355ml) to be completed 3 hours before scheduled OR time and then resume NPO except meds/sips • **BATHE** morning of surgery with 2% chlorhexidine cloths • **BRUSH TEETH** before going to OR

Preop	• **VALIDATE** patient followed preop instructions
	• **ADMINISTER MEDICATIONS:**
	  • Acetaminophen
	  • Celecoxib
	  • Gabapentin
	  • Alvimopan (for inpatient cases only)
	• **APPLY** Scopolamine Patch
	• **APPLY BLANKET WARMING DEVICE** or Warm Blanket
	• **APPLY SCDS**

Anesthesia	• **BLOCKS/EPIDURALS** as needed • **IF LARGE HERNIA,** Surgeon and Anesthesiologist to confirm regional block plan day of surgery

Day of Surgery / Intraop

Intraop	• **VERIFY SCDS**
Anesthesia	• **ADMINISTER** antibiotic prophylaxis • **CONSIDER** Dexamethasone for larger/complex cases • **CONSIDER** Ketamine Infusion for larger/complex cases • **ONDANSETRON** at reversal • **CONSIDER** Ketorolac at end of case if Celecoxib not given in Preop • **OPIOID-SPARING** approach with minimization of IV narcotics • **UTILIZE** where possible local and regional anesthetics (TAP block / Epidural / Exparel) • **MAINTAIN NORMOTHERMIA** (>36) • **MINIMIZE TUBES, LINES, AND DRAINS:** Remove nasogastric tube at end of case; Remove urinary catheter except when an epidural is in place or indicated • **CONSIDER** Goal Directed IV Fluids 5ml/kg/hr for urine output of 0.3-0.5ml/kg/hr for larger/complex cases

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Select Correct Pathway

INPATIENT

PACU / Postop Day 0	• **CONTINUE MEDICATIONS** as ordered:
	  • **ACETAMINOPHEN**
	  • **GABAPENTIN**
	  • **NSAIDS** (Celecoxib, Ibuprofen, or Ketorolac)
	  • **OXYCODONE** PRN for moderate pain
	  • **ALVIMOPAN** until BM/Flatus
	  • **ONDANSETRON** PRN for nausea/vomiting
	• **ICE PACK** to affected area
	• **CLEAR LIQUIDS DOS**
	• **AMBULATE** 1x in hallway
	• **OOB** with meals
	• **IS** while awake
	• **CONSULT:** PT/OT
	• **CONSULT:** Case Management

Postop Day 1+	• **CHANGE** IV to PO NSAID when applicable (POD1) • **REMOVE** foley if present (POD1) • **CONSIDER** stopping Oxycodone (POD2) • **CONTINUE** multimodal regimen • **CONTINUE** Alvimopan until BM/Flatus • **ICE PACK** to affected area • **REGULAR DIET** • **AMBULATE** 4x in hallway • **OOB** with Meals • **IS** while awake
Discharge	• **PAIN CONTROLLED** without IV narcotics • **DISCHARGE RX** for NSAID (5 day supply) • **DISCHARGE RX** for Gabapentin • **DISCHARGE RX** for oral narcotic (<15 tablets) • **CONTINUE** Acetaminophen as directed • **TOLERATING DIET** without ileus symptoms • **AMBULATE** >4x daily • **ICE PACK** to affected area • **IS** until postoperative appointment • **BEGIN** self-directed stretching exercises • **BEGIN** Outpatient PT Recovery Program 2 weeks Postop

OUTPATIENT

PACU	• **CONTINUE ONDANSETRON** for nausea/vomiting • **REMOVE** foley if present • **ICE PACK** to affected area • **CLEAR LIQUIDS** DOS • **AMBULATE** 1x • **IS** while awake
Discharge	• **PAIN CONTROLLED** without IV narcotics • **DISCHARGE RX** for NSAID (5 day supply) • **DISCHARGE RX** for Gabapentin • **DISCHARGE RX** for oral narcotic (<15 tablets) • **CONTINUE** Acetaminophen as directed • **REGULAR DIET** • **AMBULATE** >4x daily • **ICE PACK** to affected area • **IS** until postoperative appointment • **BEGIN** self-directed stretching exercises • **BEGIN** Outpatient PT Recovery Program 2 weeks Postop
Patient	• **SELF-DIRECTED STRETCHES** 0-2 Weeks Postop