

DUKE ENHANCED RECOVERY

Distal Pancreatectomy Procedure (Lap and Open)

PREOPERATIVE PHASE

EDUCATION in SURGICAL CLINIC

1. DEFINE EXPECTATIONS-Preoperative Counseling and Training
 - a. Exercise- Daily until surgery
 - b. Healthy Diet and Nutritional supplements- Impact AR 1 box TID every day for 5 days prior to surgery- provide instructions for obtaining supplement.
 - c. Nutrition Consult- All patients
2. LABEL the patient in the Case Request- ERAS Check box at end of form
3. COMPLETE Preop Orders via Maestro Order Set
4. PROVIDE instructions for individual care pathway and expected hospital stay
5. DEFINE DISCHARGE criteria
 - a. Medical criteria that the MD and team will monitor daily
 - b. Ambulating independently and self-care
 - c. Tolerating liquids enough to stay hydrated and eating.
 - d. Pain control with oral analgesia- multimodal

CONFIRMATION of OPTIMIZATION and READINESS-Pre Anesthesia Testing (PAT)

1. IDENTIFY the ERAS patient
2. SCREEN for anesthetic risk and OPTIMIZING opportunities
3. DISTRIBUTE carbohydrate drink and instructions
4. DISTRIBUTE CHG sponges and instructions
5. PROVIDE written reinforcement of fasting guidelines- No food after midnight prior to surgery, Clear liquids until 1 hour before arrival to hospital and CHO drink prior to arriving at hospital

DAY of SURGERY, PREOP HOLDING

1. IDENTIFY ERAS patient and initiate protocol
2. DOCUMENT CHO drink was taken and document time
3. ADMINISTER and DOCUMENT multimodal drugs
 - a. Gabapentin 600 mg PO
 - b. Tylenol 975 mg PO
 - c. Naproxen 500 mg PO
 - d. Scopolamine patch for high risk PONV patients
 - e. Emend for patients with history of PONV
 - f. Thoracic Epidural (T7-10) unless contraindicated

TEAM STEPPS with discussion of ERAS preop and intraop elements

INTRAOPERATIVE PHASE

1. OBTAIN U/A with Foley insertion
2. ADMINISTER VT PROPHYLAXIS
 - a. Heparin 5000u SC after epidural placement. If no epidural, give before skin incision
 - b. SCD's in place
3. ADMINISTER ANTIBIOTIC PROPHYLAXIS
 - a. First line-**Cefazolin 2Gm + Metronidazole 500 mg IV**
 - b. If allergic, Clindamycin 900 mg IV + Ciprofloxacin 400 mg IV
4. PREVENT PONV-Dexamethasone at start of case and Zofran at end
5. ADMINISTER MULTIMODAL ANALGESIA- Per Anesthesia Protocol
6. ADMINISTER MULTIMODAL PAIN MGT during surgery-Per Anesthesia Protocol
7. AVOID intraoperative IV opioids (attending anesthesiologist approval required)
8. OPTIMIZE intraoperative fluids with GOAL DIRECTED FLUID THERAPY-Per Anesthesia protocol
9. MAINTAIN normothermia (Temp >36)
10. MINIMIZE tubes, lines, and drains
 - a. JP drains
 - b. Remove OG before leaving OR.
 - c. Foley remains

POSTOPERATIVE PHASE

1. IDENTIFY patient as ERAS protocol
2. ENFORCE continuous SCD usage from PACU arrival until discharge
3. CONTINUE PONV medications
 - a. Ondansetron 4 mg IV q8h prn- 1st line
 - b. Phenergan 12.5 mg IV q6h prn-2nd line
4. ENCOURAGE Gum Chewing at least 3 times per day
5. ALLOW Sips Water only on POD 0 with max 250 ml q8h
6. ENCOURAGE Impact AR 1 box TID + Clear liquids- POD1
7. CONTINUE Impact AR 1 box TID and advance to Post Surgical Bland Diet POD 2
8. HOB elevated at 30 degrees at all times
9. SIT on side of bed or up in chair at least one time on day of surgery
10. OUT OF BED for all meals and at least 6 hours daily in addition to walks
11. AMBULATE at least 4 times daily until discharge beginning POD 1
12. MAINTAIN Optimal fluid status
 - a. POD 0- Maintenance IVF w/LR based on IBW at 1ml/kg/hr
 - b. D/C at 0600 POD1
 - c. Saline lock
13. REMOVE Foley on POD 1 at 0600 if no hx BPH
14. REMOVE JP drain if drain amylase is less than 5000 and serous- POD3 if attending agrees

Distal Pancreatectomy- ERAS Protocol

15. WEIGH patient daily
16. INITIATE VT prophylaxis POD 1 (am)
 - a. Heparin 5000u SC q8h if epidural in place
 - b. Lovenox 40 mg SC daily after epidural removed
17. INITIATE Aspirin 81mg mg PO daily (vein graft or cardiac risk)- POD1 (option but not checked)
18. ENFORCE multimodal, non-narcotic pain management as first line
 - a. Begin Tylenol 600 mg PO q6h when taking sips POs
 - b. Begin Gabapentin 100 mg PO q8h when taking sips POs
 - c. Begin Naproxen 500 mg BID when eating meals
19. TRANSITION from epidural/block to oral narcotics once diet is tolerated
 - a. Tramadol 25-50 mg PO q6h prn- 1st line
 - b. Oxycodone prn- 2nd line
20. MAINTAIN euglycemia. Check BS q6h X 24 hrs, with intervention and on-going surveillance if >150.
21. CONSULT Endocrine if random BS > 180 on 2 separate occasions
22. ENCOURAGE Incentive Spirometry every 1 hour X10 while awake
23. CONTINUE laxative until first BM
 - a. Senna S beginning POD 1
 - b. Miralax qd when PSB diet begins
24. BEGIN Pantoprazole 40 mg IV/PO daily beginning POD 1
25. MONITOR lab work daily
 - a. CBC, CMP, Mg, Drain Amylase POD 1
 - b. Drain amylase POD 2
26. ENFORCE defined discharge criteria
 - a. Discuss from POD 0 with patient, family, resident team, and nurse staff
 - b. Reinforce expectations and discuss regularly with PATIENT, RN staff, PRM, and family
 - c. Anticipate discharge needs
 - i. Lovenox for VT prophylaxis X 28 days after surgery
 - ii. Senna S and Miralax while taking narcotics
 - iii. Prilosec OTC or Pantoprazole 40 mg qd
 - iv. Gabapentin X 2 weeks
 - v. Tylenol 600 mg PO q 6h prn
 - vi. Naproxen OTC 220 mg BID
 - vii. Tramadol prn, oxycodone prn if needed
 - viii. Follow-up appointments w/MD, NP or PA in 1 week after discharge