# **Medstar Georgetown University Hospital**

Breast Surgery/Anesthesia Enhanced Recovery After Surgery (ERAS) Pathway

# Anesthesia Equipment

▶BIS Monitor

### **Preoperative Clinic**

- ► <u>Surgical Clinic</u>
  - Explain surgical approach and enhanced recovery criteria and expectation
  - Explain npo instructions
  - Schedule Anesthesia Preop Clinic visit same day as surgeon office visit if indicated
  - Smoking cessation counselling

#### ► <u>Anesthesia Clinic</u>

Optimize Hgb

- Draw labs (CBC, BMP, coags)
- Reinforce ERAS
- Clear liquid/high carbohydrate drink up to 2 hours prior to surgery (20 oz gatorade)
  - Phone call week leading up to surgery to ensure patient's questions answered

## **Preoperative Holding**

- Reinforce NPO: can drink up to 2 hours before surgery
- Gatorade given prior to nuclear medicine appt
  - Will be available in sds holding
- Anesthesia team to order preop meds if indicated
- GABAPENTIN 600 mg PO
- CELEBREX 400mg PO -- Contraindicated if SULFA allergy, CrCl<30 mL/min
- AM Admit/ 23hr Obs -ACETAMINOPHEN 1000 mg PO
- Scopolamine patch if GA planned

### Antibiotics

- -Surgeon preference
- ► For local/MAC case:
  - Midazolam PRN
  - Propofol gtt
  - Consider Ketamine 20mg IV +/- gtt at 0.2mg/kg/hr
- ► For general case:
  - Consider TIVA for cases <2 hours or for patients with severe PONV
    - BIS Monitor for all GA/TIVA
  - Ketamine 20mg IV +/- gtt at 0.2mg/kg/hr
  - Decadron 8mg IV at induction
  - Ondansetron 4mg IV prior to extubation
  - Acetaminophen 1000mg IV (If not given preop)

DVT prophylaxis--SCDs and early ambulation post op

# **Postoperative**

#### ► <u>Day of Surgery</u>

### **SDS**

- Fentanyl PRN
- Zofran/ Phenergan PRN

#### **AM ADMIT**

- Fentanyl PRN
- Zofran/Phenergan PRN
- **ACETAMINOPHEN** 1000 mg po q8h scheduled
- **GABAPENTIN** 300 mg po q8h