Children's Mercy KANSAS CITY | Evidence Based Practice

Urology Enhanced Recovery After Surgery (ERAS) Bladder Reconstructions and Mitrofanoffs

Preoperative

Arrival to Same Day Surgery for check in

Pre-Operative Care
- ***Anxiolysis***
  - Midazolam per anesthesia team
- ***VTE prophylaxis***
  - If risk factors: age ≥ 12 years + 90 minute surgery, BMI ≥30, h/o DVT/PE/malignancy
  - Apply bilateral SCD, remove at end of case

Prior to surgery patient/family meets
- Pre-op nurse
- Anesthesiologist
- Surgeon
- Child Life Specialists

Transfer to OR

Intraoperative

Induction:
- IV vs. mask induction
- Perform regular timeout including KEY ERAS components (Euvolemia, Regional)
- ***Antibiotics prior to incision***
  - First line: cefoxitin 40 mg/kg q 2 hr
  - Second-line if allergic: check with Surgeon/Pharmacy

Adjuncts
- ***Antiemetics:***
  - IV dexamethasone
  - IV ondansetron
- ***Multimodal Analgesia:***
  - IV analgesics-
    - Acetaminophen 12.5 mg/kg (max 1000 mg)
    - Ketorolac 0.5 mg/kg (max 30 mg)
  - Consider dexmedetomidine infusion 0.3 -1 mcg/kg/hr
  - Consider ketamine infusion 0.2 - 0.5 mg/kg/hr

Neuraxial & Regional Anesthesia

Offer to all patients
- ***First Line: Thoracic Epidural***
  - If sensation at surgical site and no neuraxial anatomic contraindications
- ***Second Line: Erector Spinae Plane (ESP) Catheters***
  - Consider if pt not a candidate for thoracic epidural
  - Bilateral catheters T8 - T10 - bolus 0.3 ml/kg per side of 0.2% ropivacaine - infuse 0.1% at 0.15 ml/kg per side
  - Contact Regional Anesthesia Service provider for assistance if needed
- ***Third Line: Transverse Abdominal Plane (TAP) Blocks***
  - Consider if pt not a candidate for thoracic epidural OR ESP catheters
  - Bilateral catheters or bilateral single shot with ropivacaine. Consider adding clonidine, dexmedetomidine, or dexamethasone to block
  - Contact Regional Anesthesia Service provider for assistance if needed

Maintenance of Anesthesia
- ***Volatile*** or TIVA maintenance at discretion of anesthesiologist
- ***Limit IV opioids:*** if pre-incisional neuraxial or ESP block planned-
  - < 0.5 mcg/kg fentanyl
  - < 0.3 mg/kg morphine
  - < 0.04 mg/kg hydromorphone
- ***Normothermia:***
  - Room temperature set to 70° F
  - Utilize Bair Hugger
  - Goal intraoperative temperatiure 36-38° C
- ***Euvolemia:***
  - Goal is clinical **euvolemia** (zero fluid balance, no net weight gain on POD #1)
  - **Plasmalyte at 3-7 ml/kg/hr** (additional as clinically indicated)
  - Advanced monitoring- consider arterial line after intubation
    - if hypotensive (SBP , 85% pre-induction), give fluid challenge with 2.5 ml/kg 5% Albumin over 5 minutes
    - Consider vasopressor or inotrope

Prior to leaving the OR
- Awake vs. deep extubation at discretion of anesthesiologist
- Avoid suctioning of stomach or NG tube placement
- Add analgesics prn

Transfer to PACU

Abbreviations (laboratory and radiology studies excluded):
PAT - pre-admission testing
PIV - peripheral intravenous line

- Prior to surgery algorithm
- Post-op PACU algorithm
- Post-op inpatient and discharge algorithm

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For additional information, link to synopsis

This care process model is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgement which should be applied based upon the individual circumstances and clinical condition of the patient.