

## Colorectal ERAS Pain/Anesthesia Protocol

Exclusions -	Patients on daily pre-op opiates for >2 months. Abnormal LFTs Abnormal coags Abnormal Creatinine
Immediately Pre-op-	1000 mg Acetaminophen po (and then po or IV q6h till discharge)  Gabapentin 300 mg (continued tid until POD 3)  Alvimopan 12 mg po q12h until first bowel movement  Thoracic Epidural aimed at upper level of incision (tested with 3 cc 1.5% Lidocaine w/ Epi 1:200K).
Intra-op	1/16% Bupivacaine plus Fentanyl 2 micrograms/cc infused at 10 cc/hr started ASAP after anesthesia induction. Avoid systemic opiates (especially Morphine and Dilaudid)  Fluid Goals: Induction - 7ml/kg of LR over 30 min Maintenance - 5 ml/kg/hr of LR (target 0.3-0.5 ml/kg/hr urine) Blood Loss - Replace with colloid (5% Albumin) ml for ml
PACU	Change to PCEA with 6 ml/hr infusion in PACU .  For breakthrough pain: Epidural Fentanyl (25-50 micrograms) (followed by 3 cc NS) and infusion increased, by 2ml/hr - followed by increased Bupivacaine concentration (1/10% then 1/8%) if BP okay.  If BP low or pressors ongoing, talk with surgeons about Toradol (with regard to bleeding & nephrotoxic risks). If BP unable to be controlled with low dose pressors or fluid bolus (500 cc) "split" epidural (take fentanyl out of epidural infusion and add IV opiate PCA) in preparation for, or as start of, stopping epidural.
POD 1	Alvimopan, PCEA and acetaminophen (PO) continued and Ibuprofen 600 mg po q6h started after lunch (consider Toradol 15 mg q6h if opiate side effects and NPO).

POD 2

Epidural stopped and oxycodone started after breakfast tolerated (epidural pulled 4 hours later).