

# Breast Clinical Care Pathway

## Preoperative



### NPO Guidelines

- Stop full liquids 8 hrs prior to surgery
- Stop water 2 hrs prior to surgery
- Consider allowing breast patients who arrive early to pre-op for lympho or mammography to drink water until 2 hrs prior to surgery



### Labs

- b-HCG for females patients under 66



### Pain Medications

Non-opioid analgesia adjuncts to consider: - Acetaminophen 1000mg (caution with hepatic disease) - Gabapentin 300mg

## Intraoperative



### PONV Prophylaxis Medications

- Especially important if patient Apfel score 3 or 4:
- Aprepitant 30mg PO
  - Scopolamine patch (avoid in patients over 60 year of age)



### Monitors

- Standard monitors plus SEDline EEG for TIVA cases
- Recommend core temperature monitoring for cases >4 hrs
- Tetragraph TOF for cases utilizing paralytics

## Postoperative



### Additional Medications

Non-opioid adjuncts to consider

- Ketamine: 0.5mg/kg bolus +/- 2-5mcg/kg/min
- Dexmedetomidine: consider bolus and/or infusion
- IV acetaminophen: if acetaminophen not given in pre-op or >6 hours from pre-op dose
- Ketorolac 10-30mg: if Celecoxib not given in pre-op and when surgeons approve

Opioid selection:

- Consider methadone 0.1-0.2mg/kg for flaps

Anti-emetics to consider:

- Dexamethasone 0.1mg/kg IV prior to incision
- Ondansetron 4mg IV
- Haloperidol 0.5-1mg or droperidol 0.625-2.5mg (assess QTc)



### Post-op Analgesia

- Fentanyl +/- hydromorphone IV PRN: decrease doses in setting of OSA or respiratory compromise
- Oxycodone PO