

Anticipated post-operative flow of major cancer resective surgery in 116/118

This guideline is intended to help manage anticipated flow through critical care of post operative major elective surgery. Anticipated post operative timing and pain management to be expected and for how long these interventions would usually be planned for. There are many other elements to patient care and management that may affect length of stay in critical care but in general we would expect uncomplicated procedures and patients to follow these outlined pathways.

- **HPB**

Laparoscopic Liver Resection

- Overnight stay, invasive lines out, ward 107 next day

Liver Resection

- Epidural for 48hrs anticipated with transition to PCA followed by lines out and ward 107.
- IT (intrathecal – diamorphine/morphine) - starting PCA, line out at 24 hrs and ward 107.
- Wound infiltration/catheters/PCA - discharge likely to be based on a number of areas - Liver function, chest, analgesia – anticipate 24-48hrs for most.

Whipples

- Epidural anticipated for 72hrs then transition to PCA lines out and discharge to ward 107.
- If failed epidural and IT Diamorphine expected 48hrs in HDU with PCA and review if stable ward 107.

- **Upper GI**

ILOG

- Epidural 4 days with transition to PCA often modified by sequence of drain removal (usually return to ward with one drain in situ until contrast swallow performed – day 7 post op). (see specific guidance on post operative management of ILOGs on CritCare.net / intranet) Managed as Level 3.

Gastrectomy

- Epidural for 48hrs with transition to PCA, higher rates of chest co-morbidity may be beneficial in some cases for 72hrs of Epidural before stepdown.

- **Gynaecology**

TAH/BSO/omentectomy

- Epidural, anticipate 48hrs then lines out PCA and return to 210.
- IT diamorphine: lines out and return to ward 210 after 24/48hrs

Cytoreductive/ with HPB/colorectal involvement

- Epidural anticipated for 72hrs with step down to PCA. Line out and return to appropriate ward, 210

**Critical Care Guidelines
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- **Vascular**

TAAA (Extent I, II, III, V)

- Level 3 return intubated. Thoracic epidural (72-96 hours). CSF Drain (duration very variable but often 72-96 hours).

TAAA (Extent IV)

- Aim to come back extubated but low threshold to remain intubated. Always booked as Level 3. Routinely have a thoracic epidural (72 hours), no CSF Drain unless previous aortic intervention.

Infrarenal & Juxtarenal AAA

- Level 2. Thoracic epidural (72 hours then PCA). Usually at 72 hours epidural & lines out and 105 level 1 step down.

Complex or long stent TEVAR, complex FEVAR, BEVAR

- CSF Drain (duration variable but often clamp at 24 hours, out at 48 hours assuming no concern re SCI). Remain in Lv2 environment in HDU until CSFD removed.

Uncomplicated short stent TEVAR or uncomplicated FEVAR

- No CSF Drain. Oral analgesia. Return to 105 generally, no Lv2 requirements.

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