**ERAS Gynecology –** Minimally Invasive Gynecology Service**.**

**Anesthesiology Components (ERAS Gynecology)**

* PONV Patients: Emend 40 mg PO prior to OR
* Induction and maintenance of anesthesia as per anesthesia team
* Lidocaine infusion: 100 mg IV bolus. Start maintenance infusion during induction at 2 mg/kg/hr. Discontinue infusion at the end of surgery.
  + If contraindications to lidocaine (seizures): use ketamine 30 mg/hr
* Prior to incision:
  + Dexamethasone 8 mg IV (4 mg in patient with IDDM).
  + Ibuprophen (Caldalor) - 800 mg IV
* Opioid recommendations:
  + Induction: Fentanyl 50-100 mcg
  + Maintenance: fentanyl may not be necessary in most patients. Recommend to limit fentanyl to 50 mcg/hr
  + For Chronic Opiate Use: Recommend Ketamine 30 mg/hour in addition to lidocaine infusion.
* Fluid Management:
  + Lactated Ringers on Alaris Pump at 2-3 mL/kg/hr.
  + Fluid boluses as needed.
* Emergence: Acetaminophen (Ofirmev) 1 g IV & Ondansetron (Zofran) 4 mg IV

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Below are listed other components of the ERAS protocol that will be performed by the gynecology team. The goal of our ERAS program is to utilize best clinical practices to decrease the physiological stress response to surgery. The protocol includes multimodal analgesia to facilitate less opioid use, a multimodal approach to prevention of PONV, and maintenance of normal fluid status.

**Preoperative:**

* Preoperative preparation:
* correction of anemia
* adequate control of hypertension and diabetes
* smoking cessation
* encouraging weight loss.
* educational material regarding their surgery and recovery.
* Mechanical bowel preparation will only be done in patients with history of significant abdominal surgery.
* Standard NPO policies with allowance of clear fluids 2 hours prior to surgery.
* Carbohydrate beverage drink the night before surgery and 2 hours prior to surgery.
* Lyrica 150 mg given by preop nursing
* PONV Patient. Scopalamine patch night before surgery.

**Postoperative:**

* Analgesics: Ibuprophen 800 mg IV – 6 hours after first dose
* Early oral intake. Chewing gum to aid in bowel function recovery

Please contact one of us if you have any additional questions regarding the ERAS Gynecology protocol. Thank you for your support in implementing this protocol.

Sincerely,

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