

# 3rd Floor Surgery - Dr. Laurie Barone

## 5/12/21 Dr. Jana Illston Preference Card

Dr. Illston's preference card can be viewed on the NAC App in the Surgeon Preference Card List: <https://portal.gaanes.com/Home/Detail/illston-jana> .

**Pre-Op:** Scop Patch for age < 65; Celebrex (she prefers this over Toradol)

**Anesthesia:** Ofirmev, Ketamine Bolus, Diamox for Laparoscopic Cases, Robaxin either intraop or prn postop

**Post-Op:** Surgeon will inject local anesthetic, possibly Exparel

## 9/24/19 Email about Gyn Onc Surgery ERAS Protocol

On or around October 1, Dr. Gerry Feuer will be targeting select third floor surgery patients undergoing robotic gyn or gyn-onc procedures for same day discharge. Currently, many of his patients who have this kind of surgery are medically ready for same day discharge but are not mentally prepared nor have resources set up at home.

Fortunately, anesthetic reasons such as pain control or PONV have not been identified as barriers to discharge so our current anesthetic approach for these patients does not have to change much. I've gone ahead and created an anesthesia protocol that borrows heavily from the Bariatric protocol with some input from the 2019 ERAS Society recommendations for GYN-ONC surgery. A few points:

- Initially only Dr. Feuer patients
- Only am cases, less than 2 hours, that conclude by 1 pm
- Only ASA 1-2 patients with BMI under 40, no chronic pain
- Dr. Feuer does extensive intraop Exparel/dilute bupivacaine injections that help significantly with postop pain. Surgery is not expected to be opioid free, but currently postop opioid use for the Exparel pts is about half that of those who don't get it.

- Bowel prep for those who need it will be Flagyl/Senokot to minimize preop dehydration.
- Goal is d/c home by 7:30 pm
- “Gas bubble” /diaphragm pain has been a problem, please try to include Diamox at the end of the case to try and help with this. It is contraindicated if the pt has a severe sulfa allergy.

I believe trying to standardize the anesthetic will help identify areas for improvement from our end as this goes forward. Please try to follow the protocol as much as possible as long as there are no contraindications. Feedback is welcome, send it to me, Dr. Aliya Bynum or Dr. Melissa Anderson who have also participated in getting this going.

Laurie Barone

The Gyn Onc Surgery ERAS Protocol can be found here:

<https://drive.google.com/file/d/1Er4InM3tw-AhYS4SMRVYyr9Cr7uh2Bi6/view?usp=sharing>