**Colorectal ERAS**

**PRE-OPERATIVE**

In day surgery, patients will have their IV started with a saline lock to prevent inadvertent infusion of IVF. They will be given oral Tylenol, Celecoxib, Gabapentin and Entereg. They will have been instructed to drink clear fluids until 2 hours prior to surgery and then will drink a Gatorade.

**INTRA-OPERATIVE**

FLUID MANAGEMENT

Goal directed fluid management utilizing SVV or arterial waveform variation if patient has an arterial catheter. IV fluids should be minimized to help prevent post-operative bowel edema and ileus. Phenylephrine should be used to offset the vasodilatory effects of the anesthetic if necessary.

IV/INHALATIONAL ANESTHETICS

Propofol may be used as the main anesthetic agent or as an adjunct to a volatile agent to decrease the need for a volatile anesthetic.

May use additional agents such as Dexmedetomidine, Lidocaine or Ketamine as indicated to achieve a balanced, mixed anesthetic. Promptly extubate patients in the OR when possible and appropriate.

ANALGESIA

Use Opioid sparing anesthesia as indicated. Acetaminophen 1000 mg IVq 6 hrs (if case longer than 6 hrs, give 6 hours after 1st dose of Tylenol PO pre-op).

Regional block may be done intra-operatively after induction of anesthesia when appropriate and agreed upon by the surgeon and anesthesiologist.

PONV PROPHYLAXIS

Dexamethasone 4mg IV given after induction for non-diabetics. Ondansetron 4mg IV given towards end of case. Other anti-emetics to be given per PONV protocol.

If the surgeon requests a gastric tube, place an OGT as it should be removed at the end of the case unless the surgeon specifically requests that an NGT be left in place due to specific patient concerns.

**PACU**

May have TAP block for laparoscopic procedures. May have Epidural for open procedures when appropriate.

Breakthrough pain to be treated with narcotic medication if non-narcotic medication is insufficient to keep pain score <5.