Robot Protocol

1. 2 IV’s 18 ga or larger with extra extension. Put one IV on hot line. Also, have neoosynephrine in line as unable to get to IV site after positioning.
2. Check for T&S only – T&C may be nec for patient reasons but not nec due to blood loss.
3. Arterial line at discretion of anesthesia provider – need to be done at beginning of case. Not a requirement for case as bleeding is usually low –but, consider due to patient size and other patient issues.
4. Anesthetize with anesthesia agents of choice – do not use N20 since is laparoscopic and requested by surgeons. If muscle relaxant is wearing off, surgeon can usually see abd movement in robot.
5. Place OG tube – needs to be placed at the beginning of case – some also like to have nasal airway in place due to poss swelling from position.
6. Limit IV fluids to 1000-1200 until prostate is out and anastomosis is complete. Then, give 3 liters. Fluid limiting is not as issue for non-prostate robot cases. But Gyn request limited fluids to decrease face swelling.
7. Give decadron – reglan – Zofran to all porstate patients. Also, give Toradol if creatine WNL – pt age greater than 65 yr prob only 15mg Toradol. Ask surgeons if unsure.
8. **DO NOT** give antibiotics until after positioning.
9. Use upper body warmer and place after egg crate padding and taping is complete.
10. Be sure sodasorb on anesthesia machine is fresh.
11. May choose to use pressure mode for ventilation due to increased press from gas and positioning – most obese patients can be adequately ventilated in this position even though it is far from ideal.
12. Note amount of urine drained from bladder at start of case – additional urine will be in with blood loss during case.
13. Any questions contact Sherry Luken.
14. On kidney cases **DO NOT** use IV pole on side with robot – helpful to use arm board for upper arm **NOT** pillows.
15. Use 2 **Blood Pressure** cuffs when no A-line.
16. Helpful to put **extensions** on IV’s – be sure put **neo** in line at start of case before positioning. IC Green – (Indocyarine Green) – may use on partial nephrectomy – not for patient with Iodine allergies – give IV – mix drug with 10ml aqueous solution= 2.5mg/ml – dose 5mg (2cc) may dose 2mg/kg – if need redoes wait 20 minutes.
17. On partial nephrectomy – bring into room 2 bottles 25% Mannitol and filters.
18. Good idea have albumin 5% in room – better use albumin than IV fluid if needed.