

Provost Anesthesia Guidelines

Revised 7/17/18

General Notations: Laparoscopic Surgeries (all caution on paralytics since he is very quick but he does want them paralyzed when placing the verses needle just before insufflation). Methylene blue (5ml) with 250ml bottle NS solution

1. Gastric Sleeve/Bypass

- a. Visi G tube (It is very large)-have available. If needed he will want placed before case starts. Place on suction. He will instruct on advancement, withdrawal, and on/off suction. Have a 60ml slip tip syringe with Methylene blue solution. Drape patient with towels and on floor to prevent staining even when removing tube. When instructed, inject rapidly as he watches via Laparoscopy.
- b. Medications(discuss at time out)- Preop Scopolamine patch, **Peri/Preop Acetaminophen for Gastric Bypass ONLY (not sleeves). Preop PO LIQUID Acetaminophen or IV Acetaminophen in this case. No pills/capsules.** Other routine anti-emetics, ketorolac per his request

2. Laparoscopic removal gastric bands (Extremely quick)

- a. Medications-**Avoid Pre/periop Acetaminophen as he sends them home on Codeine/acetaminophen elixir**, ask about giving ketorolac. Give routine anti-emetics including scope patch.

3. EGD

- a. Mac sedation. Have POM mask with hole cut out (RN can provide)

4. Laparoscopic Redo/Revision

When requested and under visualization, pass Orville tube (has metal “coin” at one end)-lube both ends. Pass round tip 1st, as surgeon pulls through stomach ensure rounded end of “coin” is facing the hard palate, leaving only the string behind and out of the mouth. He may ask to deflate ETT cuff briefly as passing the “coin” portion. Remove string when asked. He will then ask for a regular OGT placed and inject quickly 60 ml Methylene blue NS on slip tip (attempt to avoid staining area). He is checking for leaks. **Acetaminophen is usually ok.**

ERAS

Dr. Provost requests:

Non Opioid Analgesics

- 1) NO preop pills or capsules (ei Acetaminophen, celecoxib, gabapentin)
- 2) Peri/preop Liquid/IV Acetaminophen OK for gastric bypass not for gastric sleeve as the patient will receive PO APAP/Codeine elixir post op.
- 1) Ketorolac is usually ok but ask prior to administration.

Antiemetics

- 1) He will usually write for preop scopolamine patch but double check
- 2) Patient will usually take PO Aprepitant (Amend) before arriving.
- 3) Periop ask about dexamethasone, Ondansetron/promethazine usually ok.