

Abbreviations:
OT = Occupational Therapy
PAT = Pre-admission testing
P.T. = Physical Therapy
SDS = Same Day Surgery
TIVA = Total Intravenous Anesthesia

Preoperative Care in SDS

- Medications (To be ordered at PAT)**
- Pregabalin 75 mg PO x 1
 - Diazepam 0.05 mg/kg IV or PO x 1 (max dose: 5 mg)

Intraoperative Care

- Multimodal Analgesia**
- Acetaminophen 12.5 mg/kg (max dose: 1000 mg)
 - Ketamine 0.5 mg/kg x 1 (max dose: 50 mg)
 - Consider infusion
 - Ketorolac 0.5 mg/kg (max dose: 15 mg)
 - Consider dexmedetomidine
 - Fentanyl prn
 - Hydromorphone prior to extubation
 - Surgeon to inject local anesthetic at port sites

- Intraoperative Medications**
- **Antibiotics:**
 - Discuss at huddle
 - Administer before incision
 - **Antiemetics:**
 - Dexamethasone 0.1 mg/kg
 - Ondansetron 0.15 mg/kg (max dose: 8 mg)

- Maintenance of Anesthesia**
- **Volatile or TIVA**
 - Maintenance at discretion of anesthesiologist
 - **Normothermia:**
 - Room temperature set to 70° F
 - Utilize Bair Hugger
 - Goal intraoperative temperature 36° - 38° C
 - **Euvolemia:**
 - Goal is clinical euvolemia
 - Plasmalyte at 3-7 ml/kg/hr (additional as clinically indicated)

Postoperative - PACU to Discharge

Pain Control
Please consult Acute Pain Service with questions

PACU Orders:

- **Pain Management:**
 - Fentanyl prn
 - Hydromorphone 5 - 10 mcg/kg for breakthrough pain if not tolerating PO (max dose: 500 mcg)
 - Clonidine or dexmedetomidine for agitation and/or breakthrough pain
 - Oxycodone PO 0.1 mg/kg (max dose: 5 mg) once tolerating clears
 - To be ordered by OB/GYN
- **If Post-operative Nausea/Vomiting:**
 - Ondansetron and diphenhydramine
 - Can consider scopolamine patch and/or amisulpride IV 10 mg

If unable to discharge home due to inadequate surgical pain control, please consult Acute Pain Service to evaluate and treat patient

Discharge

- Medications ordered by Gynecology**
- Oxycodone 5 mg q6 hrs prn pain for 3 days
 - Do not take oxycodone within one hour of taking diazepam
 - Diazepam 2 mg q4 hrs prn muscle cramps for 7 days
 - Do not take diazepam within one hour of taking oxycodone.
 - Acetaminophen 12.5 mg/kg (max dose: 1000 mg) q8 hrs scheduled for 7 days, then for 7 days prn
 - Celecoxib twice a day for 14 days
 - 50 mg for patients < 50 kg or 100 mg for patients > 100 kg
 - Magnesium glycinate 400-600 mg per day
 - Naloxone (Narcan) 4 mg/ 0.1 ml nasal spray
- Gynecology will continue medications previously started by the Complex Pain Clinic**

- Postoperative Appointments**
- Gynecology Clinic:** 2 weeks post-op and continued hormonal support
 - 2 weeks post-op: check wound healing, discuss results, evaluate need for Lupron/Orilissa
 - Continued hormonal support: q3-6 months pending patient needs
 - Complex Pain Clinic:**
 - Follow up intervals determined by Complex Pain Clinic
 - Pelvic Floor P.T./OT:**
 - Resume or begin at 3-6 weeks postoperatively
 - Short or long term
 - Psychology Support:**
 - Through Complex Pain Clinic or external clinic
 - Short or long term