# Inflammatory Bowel Disease Enhanced Recovery After Surgery

Children's Mercy KANSAS CITY | Evidence Based Practice

**Inclusion criteria:**
Any patient > 4 years old undergoing elective surgery for Crohn's disease or ulcerative colitis:
- Laparoscopic ileocecectomy

**Celecoxib Options**
- Open and mix with a small amount of clear liquid if patient is unable to swallow pills

## Preoperative Care

**Preoperative Care**
- Carbohydrate-rich drink up to 2 hours before surgery
- Celecoxib PO 50 mg for patients 10 - 25 kg, 100 mg for pts ≥ 25 kg
  - Contraindicated for patients with chronic renal failure, NSAID allergy or sulfa allergy
- Anxiolysis - midazolam (unless contraindicated) per anesthesia team

*QR code for mobile view*

## Intraoperative

**Intraoperative Medication Bundle**
- ***Antibiotics:***
  - Discuss at huddle
  - Administer before incision
- ***Antiemetics:***
  - Amisulpride 5 mg for pts ≥ 50 kg at beginning of case
  - Dexamethasone 0.1 mg/kg (max 8 mg)
  - Ondansetron 0.15 mg/kg (max 8 mg)
- ***Multimodal analgesia:***
  - Methadone 0.1 mg/kg (max 10 mg) at beginning of case
  - IV acetaminophen 10 - 15 mg/kg at beginning of case
  - Ketamine 0.5 mg/kg - 1 mg/kg bolus at beginning of case or consider infusion
  - Consider dexmedetomidine bolus at end of case

  ***** Ketorolac **SHOULD NOT** be given intra-operatively***
- ***Limit IV opioids:***
  - Fentanyl prn
  - Avoid long-acting opioids

**Regional Anesthesia**

**Please involve an APS physician**
- **Discuss with surgeon at huddle**
- **Transverse Abdominal Plane (TAP) Blocks**
  - Ropivacaine 0.2% 0.5 ml/kg up to 20 ml per side
  - Be mindful of toxic local anesthetic dosages when multiple blocks are performed
- **Adjuncts:** 1 mcg/kg clonidine to block solution unless contraindicated

***Surgeon injects local if no regional anesthesia***

**Maintenance of Anesthesia**
- ***Volatile*** or TIVA maintenance at discretion of anesthesiologist
  - TIVA preferred if history of PONV
- ***Normothermia:***
  - Room temperature set to 70° F
  - Utilize Bair Hugger
  - Goal for intraoperative temperature 36° - 38° C
- ***Euvolemia:***
  - Goal is clinical **euvolemia** (zero fluid balance, no net weight gain on POD #1)
  - **Plasmalyte at 3 - 7 ml/kg/hr** (additional as clinically indicated)

Transfer to PACU

## Postoperative - Inpatient to Discharge

**Goals of care prior to discharge**

**Bowel regimen**
- Daily bowel movement with prescribed regimen (refer to orders)

**PONV & Diet**
- Avoid use of NG tube (if possible)
- Decrease IV fluids once patient is tolerating liquids and discontinue thereafter
  - Start clear liquid diet ***-and-*** advance as tolerated independent of bowel function
- Ondansetron 0.1 mg/kg (max 8 mg) q 6 hrs prn

**Postoperative Pain Management**
- Minimize long-acting opioids
- Acetaminophen - scheduled (10 mg/kg/dose q 4 hrs prn)
- Ibuprofen - scheduled (10 mg/kg/dose given q 6 hrs prn)
- Oxycodone - transition to PO (0.1 mg/kg/dose given q 4 hrs prn) once tolerating clears
- Diazepam 0.05 - 0.1 mg/kg (max 5 mg) PRN q 6 hrs for muscle spasms

**Ambulation**
- Encourage ambulation 3x/day (*if patient is allowed to ambulate independently*) ***-or-*** majority of day out of bed
- Consider P.T. consult

Discharge home with post-operative follow up visit in 2 - 6 weeks

**Contact:** EvidenceBasedPractice @cmh.edu

**Link to:** synopsis and references

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