UCT UROLOGY PRE-ADMISSION ERAS PROTOCOL

Optimize Haemoglobin

1. Hb as soon as decision for cystectomy is made
2. If Hb <13 do FBC & iron studies and arrange cosmofer infusion and EPO if indicated
3. Give cosmofer according to Wt & Hb as per protocol
4. Repeat FBC 4-6 weeks later

Improve nutrition

1. Refer for nutritional assessment including Wt & Ht as soon as decision for cystectomy is made
2. Sr Banister, LE34 & F13 dieticians can perform nutritional assessment
3. Nutritional supplementation for all at risk patients

Patient health education

1. Issue pts with “Your guide to enhanced recovery” booklet as soon as the decision for cystectomy is made
2. Educate pt regarding ERAS & cystectomy
3. Stop Smoking 4 weeks prior to surgery
4. Stop alcohol 4 weeks prior to surgery if >3 drinks/day
5. Moderate exercise

Optimize medical conditions

1. Early referral to physicians & geriatricians & high risk anaesthetic clinic for optimization
2. HbA1C in all diabetics
3. Pro-BNP in all CCF pts

UCT UROLOGY PRE-OPERATIVE ERAS PROTOCOL

No bowel prep or pre-med

1. Bowel prep is associated with worse outcomes
2. A sedating pre-med impairs post op mobilization

Thrombo-prophylaxis

1. Pt's should wear well fitting compression stockings
2. Pt's should be started on Clexane 0,5mg/kg from admission
3. Last dose of clexane at 10am the morning prior to surgery

Hibitane scrub

1. Pt to scrub abdomen with hibitane the night before and the morning of surgery.

Oral carbohydrate drink

1. Clear oral carbohydrate drink 2hrs prior to surgery if pt not diabetic

UCT UROLOGY INTRA-OPERATIVE ERAS PROTOCOL

PONV Prophylaxis

1. Odansetron 8mg IVI
2. Dexamethasone 8mg IVI

No epidural

1. Open surgery
    a) Morphine spinal
    b) Wound infusion catheter
2. Intravenous lignocaine infusion unless contra-indicated.
3. Perflagan 1g intra-op
4. Rayzon 40mg Intra-op if no C/I

Short acting opiates only

1. e.g. fentanyl, remifentanil or opiate free anaesthesia

Balanced IV fluids

1. Aim for <2500mls intra-operatively
2. Aim for <3500mls total IVI fluid on the day of surgery
3. Aim for 0 wt gain (+-2kg) on D1 post op.

No NGT

Bairhugger

UCT UROLOGY POST-OPERATIVE ERAS PROTOCOL

Limit pain & opiates

1. Lignocaine infusion in PAHCU for 24 hrs
2. Initiate wound infusion wound infusion catheter after 24 hrs until Day 5
3. Perfalgan 1g 6hly x 72 hrs
4. Rayzon 40mg b/d x 48hrs if no contraindication
5. PCA with fentanyl +- ketamine for breakthrough pain
6. Change to oral Paracetamol and ibuprofen if no contraindication ASAP
7. No oral tramadol

Stimulate Gut Motility

1. Lactulose 15mls dly
2. Chewing gum
3. Coffee
4. Dulcolax suppository if pt has not passed stool by D3

Early mobilization

1. Mobilize at least >1hr out of bed on post op D1
2. Mobilize at least >2hr out of bed on post op D2
3. Mobilize at least >4hr out of bed on post op D3

Weigh pt on D1

Early feeding

A 2018 Cochrane review showed early feeding (first 24 hours) has decreased LOS by 2 days, decreased mortality, no difference in complications

1. Oral fresubin drink (300kcal) 4 hours post surgery
2. Start oral feeds as tolerated on D1. Supplement with at least 600kcal (500mls) fresubin sips

Fast track recovery

1. Drain fluid U & E on D4
2. If not urine remove drain D5
3. Trop I D3
4. CRP D3 and D5
5. Remove ureteral stents D7
6. Early discharge with follow up on D30 +- 3days

Aggressive Rx of Nausea

1. Odansetron 8mg 8hrly IVI
2. Maxalon 10mg 8hrly IVI
3. If nausea score >5 add stemitil 12,5mg 8hrly IMI

Stop IV fluids ASAP

Start Clexane 6 hrs post op to D30