PERI–OPERATIVE GUIDELINES FOR ELECTIVE COLORECTAL SURGERY

EXCLUSIONS

Senior surgical decision not to proceed.

Admit on Day of Surgery following full preassessment.

PRE-OPERATIVE

Fasting: 6 hours fast for solids, 1 hour fast for clear fluids (water):
Free fluids (water) until 6.30am on day of surgery for am list, 11am for pm list.

Preload drinks as per protocol N.B. Exclude Diabetics.

No preoperative S/C Clexane.

All usual medications on the morning of surgery except certain diabetic medications, diuretics and anticoagulants unless otherwise stated by the anaesthetist. Consider withholding some antihypertensive drugs such as ACE Inhibitors (continue if prescribed for heart failure) & Angiotensin 2 receptor Blockers.

Bowel prep as per surgical protocol – **AVOID where at all possible**.

INTRA OPERATIVE

General Anaesthesia plus:
Spinal with Intrathecal opioid for **Laparoscopic/Robotic** procedure.
TAP Blocks, Rectus Sheath Blocks depending on incision for **open** procedures.

Epidural analgesia should be mostly avoided as it is now known to delay recovery.

Antiemetics including Dexamethasone 6.6mg & Ondansetron 4mg for **ALL** patients.

Minimise invasive monitoring & fluid loading where possible. Oesophageal doppler monitoring or other forms of optimizing/individualising fluid use is recommended. **Aim for positive fluid balance of 1.5 – 2 litres or less at 24 hours.**

Written by: G Haldane
Version 1
Date 12/05/2022
Review 12/05/2025

POST OPERATIVE

Consider stopping IV Fluids & removing urinary catheter in recovery for low-Risk patients e.g., Laparoscopic Right Hemicolectomy with AT >11 & send them to the ward.

Aim to minimise the use of NG tubes/drains postoperatively.

Plan to electively admit patients to HDU, Level 1 or ward 6 according to Anaerobic Threshold, surgical approach & use of epidural analgesia. Encourage low risk patients to go to the ward.

Analgesia:	Laparoscopic	Routine PCA + Paracetamol + Ibuprofen (if not CI) + TAP blocks (or Rectus Sheath Blocks) if not contra-indicated depending on incision
	Open	Routine PCA + Paracetamol + Ibuprofen (if not CI) + Rectus Sheath Blocks PLUS catheters for 48 hours initially for midline incisions. Epidurals to be avoided as much as possible - See guidelines for recommended infusion rates if used.

Change to oral analgesia ASAP & reduce opioid use ASAP. Avoid sustained release Opioids.

Oxygen: Oxygen as required to maintain SaO2 > 95%.

DVT Prophylaxis: Regular Clexane 40mg S/C daily from 6pm on night of surgery as per SIGN guidelines. Reduce to Clexane 20mg if epidural used.

Feeding: Free fluids on the day/night of surgery. At least 2 protein drinks (best with ice) on the night of operation. If oral fluids tolerated, then try oral diet later that day. At the latest start oral diet from the following morning plus 3 protein drinks daily. As above, Stop IV fluids ASAP – preferably by NO LATER than 12 MIDDAY on the day after surgery.

Continue protein drinks and diet until fully recovered.

Ileus: Reduce Opioid use ASAP. Encourage mobilisation & normal diet.

Mobility: Up to sit as soon as possible with regular mobilisation/walks from day 0 if possible unless complications e.g., hypotension, bleeding etc. preclude mobilisation.
Up to sit for meals.

Encourage ICOUGH compliance:
Incentive Spirometry Exercises
Cough & deep breathing
Oral care
Understanding the principles of ICOUGH
Get out of bed
Head of bead should be elevated

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Nausea & Vomiting:	Ondansetron 4mg IV/IM	1st Line
	Prochlorperazine 12.5mg IM or 3-6mg Buccal	2nd Line
	Cyclizine 25-50mg IV/IM	3rd Line

Avoid NG tubes whenever possible.

Consider removing any invasive lines and urinary catheter as soon as practical.

Discharge: Aim for 3-5 days for Laparoscopic/Robotic Resections & 5-7 days for Open Colectomies.
Identify Social & OT issues early & plan for discharge from admission date.
Discharge when agreed discharge criteria met (See below). No need for further medical review prior to discharge unless specific concerns raised.

Any questions contact Dr Grant Haldane (DECT 5723) or Emma Strachan on DECT 4517
Discharge Criteria

Patients can be safely discharged home if they fulfil the following criteria without further senior medical review:

1. All drains, catheters & intravenous access have been removed.
2. Diet is established without significant ongoing nausea & vomiting. Bowels do NOT need to have opened.
3. The patient is mobilising freely with adequate oral analgesia. **Limit potent opioids on discharge**.
4. Stoma care is established.
5. CRP is less than 120 & daily trend is downward.
6. Appropriate Social Services, District Nurse & GP follow up arranged.
7. Surgical follow up arranged.
8. No member of the team has expressed any concerns around discharge.
9. Please ensure ERAS nurse aware of discharge. (Dect 4517)

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