CLINICAL GUIDELINE

Colorectal Enhanced Recovery After Surgery, RAH

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	2
Does this version include changes to clinical advice:	Yes
Date Approved:	30th September 2022
Date of Next Review:	31st July 2024
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Approval Group:	Clyde Sector Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Royal Alexandra Hospital (RAH)

Colorectal Enhanced Recovery After Surgery (ERAS)

Post-Operative Analgesia

The aim of post-operative analgesia for ERAS patients is to provide adequate pain relief with minimum side effects to promote early mobility and return of bowel function.

The following are suggested guidelines for patients on the ERAS programme –

- Account should be taken of the individual analgesic requirements of each patient
- Oral Oxycodone (Shortec) is the preferred method of analgesia for patients on the ERAS programme.
- PCA/ subcutaneous oxycodone/morphine can be used as an alternative
- Consideration should be taken for the use of rectus sheath catheters/wound catheters.
- All patients should have an anti-emetic prescribed.
- Ibuprofen/Naproxen may be prescribed at the discretion of the medical team.
- Analgesic requirements should be reviewed at least once daily.
- The incidence of nausea and vomiting, the presence of paralytic ileus and the resumption of oral fluids and diet are also factors to consider with regard to the use of oral analgesia.

RAH ERAS Protocol

Day of theatre

- Regular oral oxycodone/oramorph unless otherwise directed by anaesthetist along with prn oral/subcutaneous oxycodone/morphine
- Subcutaneous/PCA Morphine/Oxycodone as per protocol may be used as an alternative.
- Regular oral/IV Paracetamol. This should be continued during ERAS unless the patient is prescribed another preparation containing Paracetamol.

Post-operative

- Continue regular opioids until post-operative day 1 or 2 dependant on the needs of the individual patient.

As required prescription to be used when PCA discontinued

Oramoprh or Sevradol

Age	Dose
<15	Seek Medical Advice
<70	5-10 mg
>70	2.5-5 mg
>80	2.5 mg

Shortec

Age	Dose
<15	Seek Medical Advice
<70	5-10 mg
>70	1.25-2.5 mg
>80	1 or 2 mg

- Tramadol 50 – 100mg up to four times daily (maximum dose 400mg in 24 hours)
- Subcutaneous oxycodone/morphine as per protocol may be used as rescue analgesia if Oramorph, Shortec or Tramadol is insufficient.
- If patient is known to be intolerant of tramadol or it is contra-indicated, co-codamol or dihydrocodeine can be prescribed.

Review date: July 2024