

Breast ERAS/QIP:

A. Pre-procedural NPO/Nutrition:

1. Patients can consume clear liquids up until two hours prior to scheduled arrival time.
2. Non-diabetic Patients will be asked to consume 300-500ml of Gatorade™ (orange or white) two hours prior to arrival
3. No solid food for 12 hrs. prior to scheduled arrival time (ASA Standard).
4. Accuchecks done with I.V. placement on all patients

B. Surgical Site Infection Reduction:

1. Accuchecks of >200 preoperatively should follow protocol for intraoperative glucose management (will also be on ERAS site)
2. Warming of room and patient should be a priority before and during induction and throughout the case. Consider using posterior warming devices
3. Temperature of patient should be obtained as quickly as possible and if foley catheter placed should be measured from urinary tract.
4. Nasal swabbing, chlorhexadine showering, alcohol prep in preop of chest and abdominal walls.
5. Office education to have patients using Listerine mouth rinse 2x per day and brushing teeth 2x/day at least two weeks before surgery. (STUDY PROJECT/IRB)
6. Evaluation of HgbA1C at least 4 weeks prior to surgery for diabetic patients by primary care physician.

Surgeon preferences for ABx (Clean Surgery):

1. PRIMARY Choice: 2g I.V. Cefazolin for ≤ 120 kg and 3g I.V. if >120 kg
2. PNC allergy: Clindamycin 900 mg I.V.
3. PNC and Clindamycin allergic: Vancomycin 15 mg/kg (max 2g)

Redose Intra-op:

Cefazolin Q4h

Clindamycin q6h

Vancomycin - Not recommended

Redose all if >1500 ml blood loss

C. ANALGESIA:

Pre-operative Analgesia:

Simple Mastectomy, Radical Mastectomy, Placement/Removal of expanders, Breast Flap Cases

Consider optimizing High risk/opioid tolerant pts by decreasing doses systematically prior to surgery.

1. 50 mg PO Lyrica x 1 or 150 mg PO gabapentin x 1 only
2. 10 mg PO meloxicam x 1 preop or 15 mg ketorolac IV at end of surgery or in PACU
3. 650-1000 mg PO Acetaminophen x 1 PREOP or PACU

Intra-operative Analgesia:

Simple Mastectomy, Radical Mastectomy, Placement/Removal of expanders, Breast Flap Cases

1. B/L PECS I-III blocks at induction with bupivacaine (+/- steroid and clonidine) or B/L PVBS
2. Intraoperative lidocaine at **0.5-2 mg/kg/hr** if appropriate
3. Consider: Precedex gtt to $HR \leq 60$ and $MAP > 65$ and/or magnesium bolus 1gm or gtt based upon MAP/HR
4. Ketamine bolus 0.5mg/kg and potentially 0.2mg/kg/hr gtt or bolus for cases > 2hr
5. Short Acting Narcotics as necessary: Avoid Remifentanil
6. Robaxin I.V. for DIEP/TRAM Flap cases dosed in O.R at the end and for 12 hrs postoperatively on the floor (1-2 additional doses total).

Post-op analgesia:

Continue with acetaminophen PO, NSAID PO, Opioids PO (if needed) or even Nursing boluses doses of I.V opioids (only as needed/PRN order). Surgery to manage orders with APS to follow up after block POD #1.

D. Fluid Therapy:

1. Simple Zero Balance therapy at 3 cc/kg/hr I.B.W. with crystalloid for simple mastectomies
2. With Flap cases increase base line infusion to 5 cc/kg/hr (Most Critical with flap cases as vasopressors are preferred to be avoided throughout).
3. If nutritional status is appropriate (long term malnourishment/Chemotherapy) can consider the use of albumin bolus(or if levels low prior to the O.R.)
4. Consider non-invasive monitoring to evaluate PVI and SV/SVV
5. Cap and Lock I.V. while on floor and promote PO intake in tolerable

E. PONV Therapy: Pathway Developed

1. Treat this high risk group aggressively, based on allergy history.
2. Consider scopolamine as appropriate and Aprepitant as appropriate
3. Prophylactically utilize low dose histamine blocking drugs (6.25 mg diphenhydramine and 20 mg famotidine after induction)
4. Consider Dexamethasone I.V. if NOT being given with PECS blocks
5. Zofran toward completion of the case
6. Rescue in PACU and Floor with appropriate I.V. fluids, 2nd dose of diphenhydramine (6.25 mg) OR use alternative phenothiazine derivative (phenegan 0.625 mg I.V.)

Breast Eras Committee March 2016: Developed by Tae Chong M.D., Ana Gleisner M.D., Jeff Gonzales M.D., Colleen Murphy M.D., Nikki Schiffer M.D., Matthew Victor M.D., Steve Zeichner M.D.

