

Patient to consume 8 oz of a carbohydrate drink 2 hours pre-operatively

The cases should be booked with the heading **ERAS** on the schedule.

NPO: 8 oz carbohydrate drink 2-3 hours pre-op.

Preoperative medications: Tylenol 975 mg po & Celebrex 200 mg (400 mg for younger patients w/out renal issues). Please confirm these meds have been administered with up to 4 oz of clear fluid.

Pre-operative: no later than 7:10 AM, surgical marking. Wheels in OR at 7:15 AM (or 7:45 AM). First case of day, post-induction PEC blocks by anesthesia. 30 ml of 0.25% bupivacaine (20 ml Pec 2/10 ml Pec 1) is acceptable. Please consider adding 0.5mcg/kg - 1 mcg/kg of Precedex as an adjunct.

Induction of anesthesia including ketamine .25 mg/kg - .5 mg/kg IV

Intraoperative TIVA (no inhalational agents including N2O). 45 min or less of N2O towards case conclusion is acceptable.

Anti-emesis: at least two agents if patient comorbidities allow

ETT or LMA depending on patient co-morbidities and provider preference

Intraoperative ketamine infusion: 0.1-0.3 mg/kg/hr until 45 min prior to end of surgery

Fluids: LR 10 cc/kg bolus early in the case & maintenance at 2-3 cc/kg/hr plus replacement for excessive bleeding; target no more than 2 liters of LR for a 5 hour case without excessive bleeding.

Optional: Precedex infusion with remainder of vial (200 mcg/2ml) 0.2-0.7 mcg/kg/hr

SA Block at reconstruction conclusion. This can either be performed by the anesthesia or surgical teams or omitted if not warranted.