

# SHC Breast Anesthesia Pathway

## Pre-Op

### NPO Guidelines:

- Stop full liquids 8hrs prior to surgery
- Stop water 2 hours prior to surgery
- Consider allowing breast patients who arrive early to pre-op for lympho or mammography to drink water until 2 hours prior to surgery

### Preop meds:

*Especially important if patient Apfel score 3 or 4*

### PONV Prophylaxis:

- Aprepitant 30mg PO
- Scopolamine patch (no adhesive allergy and <60 years of age)

### Non-opioid Analgesia adjuncts to consider:

- Acetaminophen 1000-500mg as appropriate
- Celebrex- 200-400mg as appropriate
- Gabapentin- 300mg as appropriate

## Intra-Op

### Monitors, Access:

- Standard monitors plus SEDline EEG

### Anesthesia:

- **Opioid-Sparing Total Intravenous Anesthesia is recommended by ERAS society**
- *For cancer patients, volatile agents not recommended. If must use volatile agent, please use sparingly*
- For flaps consider methadone to help with post-op pain

### Non-Opioid adjuncts to consider:

- Ketamine- consider drip or bolus
- Dexmedetomidine- consider drip or bolus
- Magnesium- 1-4g as appropriate and tolerated, ceiling effect at 4g
- IV acetaminophen- if acetaminophen not given in pre-op or >5hour from pre-op dose
- Toradol- if Celebrex not given in pre-op and appropriate
- May consider lidocaine drip if surgical team not giving maximum local or performing PEC block

### Anti-emetics to consider:

- Dexamethasone 4-8mg IV prior to incision
- Haloperidol 0.5-1mg or Droperidol 0.625-2.5mg
- Ondansetron 4mg IV prior to emergence

### Goals: Euvolemia, Normotension, and Normothermia

#### Fluids:

- For cases >4 hours recommend indwelling urinary catheter and maintenance fluids 100-125cc hour to help with insensible loss and avoid over bolusing of crystalloid.
- Over resuscitation or under resuscitation of fluids should be avoided, and water and electrolyte balance should be maintained. Goal-directed therapy is a useful method to achieve these goals.
- Balanced crystalloid solutions rather than normal saline is recommended.

*Vasopressors:* recommended to support fluid management and do not negatively affect free flaps. Notify plastics team if needing pressors for free flaps. Stanford Plastics prefers beta over alpha-1 adrenergic pressors.

#### Maintain body temp >36.

- Recommend temperature urinary foley for cases >4 hours for accurate core temperature.
- Warm lactated ringers available in Lane Surgery Center. Even mild hypothermia (with a median temperature of 35.6 °C) blood loss was increased by 16% and blood transfusion rate by 22%.

## PACU

### PONV:

- Order two lines of anti-emetics as appropriate
- Prochlorperazine, haloperidol, ondansetron current standard PACU anti-emetics

### Pain medications:

- PRN acetaminophen, NSAIDs, and gabapentin as appropriate
- PRN oxycodone, fentanyl, and hydromorphone as appropriate