



ENERGY: Employing New Enhanced Recovery Goals for Bariatric Surgery

Prior to arrival to hospital

- Carbohydrate drink (e.g. Gatorade; not sugar free) 20 oz bottle night before surgery
- Carbohydrate drink (e.g. Gatorade; not sugar free) 20 oz 2 hours prior to arrival time for surgery (1st case instructed to drink at 5am)
- Chlorhexidine antibacterial soap last shower prior to surgery
- Discontinue angiotensin-converting- enzyme inhibitors (ACEi) and angiotensin receptor blockers (ARB) 24 hours prior to surgery

Preoperative Holding Area (ASU)

1. **Celecoxib 200mg po X1 dose upon arrival to ASU**
 2. Scopolamine 1.5mg/72hrs patch x 1 (omit if angle-closure [narrow angle] glaucoma or elderly)
- ✓ Check fasting blood glucose for all patients
 - ✓ Patient uses bathroom to empty bladder prior to OR
 - ✓ Assess ease of 2nd iv access **prior** to proceeding to OR in case assistance needed
 - ✓ Single dose prophylactic antibiotic within one hour of incision (review JHM Adult Antibiotic Guidelines/discuss with surgical team **before** proceeding to OR, if unsure about which antibiotic to use)

Intraoperative

GOALS: Avoid iv opioids, maintain normothermia; minimize hypotension/hypoxia; maintain normocarbia

- ✓ Standard ASA monitors BIS monitor (invasive monitors should patient condition warrant)
- ✓ No esophageal probes
- ✓ Avoid urinary catheters, drains
- ✓ Intraoperative Glucose control (goal 140-180mg/dl; no action needed if glucose is 60-140mg/dl)
- ✓ Check intraoperative glucose one hour after procedure start in all diabetic patients
- ✓ Goal for temperature >36.5 (use warming blankets, warm fluids, silver cap)
- ✓ Limit IVF to <2.5 liters (LR)
- ✓ Vasopressor support to treat hypotension

Induction

- Minimal/no induction opioids.

Maintenance: Opioid free technique when feasible

- TIVA **or**
- Combination of IV/Inhalational agents

i.e. addition of dexmedetomidine +/- propofol to inhalational agent (Use Desflurane; Sevoflurane, if Desflurane is unavailable)

- Infusion rates for intravenous medications
 - Dexmedetomidine 0.3-0.5mcg/kg/hour
 - Propofol - dose will depend on whether TIVA or IV/Inhalational technique used. BIS to aid with titration, for adequate depth of anesthesia and timely emergence.
- Acetaminophen 1000mg IV X1 (omit in liver failure/elevated liver enzymes)
- TAP block (performed by surgeon)
- Dexamethasone 4-8mg IV after induction
- Ketamine 25-50mg iv after incision
- Ondansetron 4mg IV 30 minutes prior to emergence
- Full reversal with Sugammadex unless contraindicated

Postoperative

Goal: AVOID IV opioids; AVOID PONV; early ambulation; early hydration; Discharge POD1

1. Acetaminophen 650-1000mg IV/PO q8hrs (omit in liver failure/elevated liver enzymes)
2. Opioids for **breakthrough** pain – Oxycodone oral solution
3. Continue Scopolamine patch 1.5mg/72hrs (omit if angle-closure [narrow angle] glaucoma or elderly)
4. Ondansetron 4mg IV/Po q6hrs prn