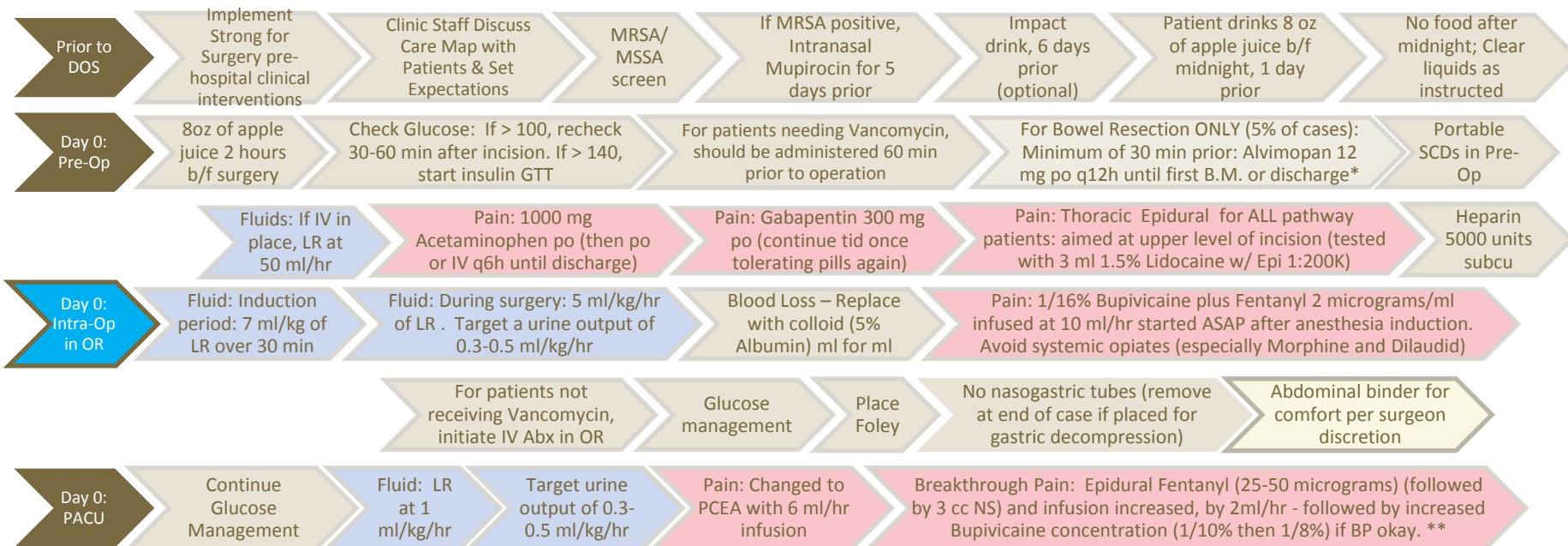


Hernia~ Clinical Care Pathway

At Surgeon Discretion



~ This pathway applies to all Ventral and Incisional Hernia Repairs where patients get admitted to the hospital, whether Open or Laparoscopic.

~ **Excluded patients:** Patients on daily pre-op opiates for >2 months; Abnormal LFTs; Abnormal coags; Abnormal Creatinine

* Unless chronic opioid user (on narcotics within 1 week of surgery)

** If BP low or marginal or pressors ongoing talk with surgeons about ketorolac (vs. bleeding vs. nephrotoxic risks vs. anastomotic risk). If BP unable to be controlled with low dose pressors or fluid bolus (500 cc) "split" epidural (take fentanyl out of epidural infusion and add IV opiate PCA) in preparation for, or as start of, stopping epidural.

Hernia Clinical Care Pathway

At Surgeon Discretion

Target LOS = 3 to 4 days

Day 0

Mobility: Edge of bed after last set of post-op VS (usually 6 hours) with orthostatic VS

Diet: Ice chips & sips of clears

Incentive Spirometer 10x/hr while awake until discharge

Sequential Compression Device on, unless ambulating, until discharge

Heparin 5000units SQ Q8h

Glucose Mngmt

Day 1

PT visit on Day 1, latest

Mobility: OOB for all meals. Walk 3-4 times in the hall – Goal 9 laps. OOB 6hr/day

Diet: Advance diet as tolerated. General Diet, if patient has no nausea, no distention, no belching/hiccups

DC Foley (just pull)

Labs Days 1-4, as clinically indicated

Fluids: LR at 1 ml/kg/hr. Cease IV fluids asap. Saline lock IV fluids when oral intake greater than 500 or adequate urine output. Aim for early oral fluid intake

Pain, PCEA and acetaminophen PO continued. After clear liquid lunch, start Ibuprofen 600 mg po q6h (consider ketorolac 15 mg q6h if opiate side effects and NPO).

Day 2

Mobility: OOB for all meals. Walk 3-4 times in the hall – Goal 18 laps. OOB 6hrs/day until discharge

Pain: Epidural stopped and oxycodone started after breakfast tolerated (epidural pulled 4 hours later).

JP Drain Teaching

Day 3, 4

Stool Softener docusate 100mg PO BID (NOT Senna)

DC Alvimopan (if bowel movement)

Med Rec on Day before Discharge

Pain: Gabapentin discontinued on Day 3.

Pain: Acetaminophen and ibuprofen continued at discharge.*

* Patients should be advised to stop Ibuprofen when oxycodone no longer needed more frequently than q6h.