MINIMAL ACCESS NEPHRO-URETERECTOMY

(including robotic-assisted procedures)

EVENT	ACTION	ADDITIONAL COMMENTS
Outpatients	Treatment options discussed	MDT guided
	Written information given	procedure & disease-specific with enhanced recovery information
	Introduction to Specialist Nurse	
Pre-Admission	Surgical/anaesthetic pre-assessment	
	Manage outstanding medical issues	including guidance on medications
	Manage social issues	
	Discharge planning	
	Pre-operative investigations	may include FBC, U&E, G&S, ECG, CPEX
Admission	Day of surgery admission	
	Consent & documentation	WHO checklist, correct-site surgery, VTE prophylaxis
	Fasting	no solids for 6hr, clear fluids up to 2hr pre-op
	Carbohydrate loading	up to 2hr pre-op
	No bowel preparation	
Surgery	Antibiotic prophylaxis	single dose at induction (e.g. gentamicin & flucloxacillin)
	VTE prophylaxis	TED stockings, calf compression, low molecular weight heparin
	Positioning	minimal break, external warming & pressure area protection
	Minimally-invasive access	
	No nasogastric tube	
	No routine wound drain	unless risk of injury to other organs
	No routine urethral catheter	unless bladder opened, ureter resected endoscopically, high risk of AUR or haemodynamically unstable
	Analgesia	local anaesthetic & wound/regional blocks
Post-Operative	Analgesia	regular oral analgesia; avoid PCAS, spinal & epidural
	Anti-emetics	optimise anti-emesis
	Diet & oral fluids	free oral fluids (from day 0) & chewing gum
	Early mobilisation	15 minutes every 2 hours from day 0
	Remove drain on day 1	if still draining, OPA in 5-7 days for removal
	Remove catheter on day 1	or teach catheter care
	Prepare discharge medication	oral analgesia & laxatives
	Do not wait for bowel action	before catheter removal or discharge
Follow-Up	Specialist Nurse telephone contact	within 7 days
	Consultant outpatient review	at 4 weeks with histology

MEDICATIONS FOR PATIENTS ON THE ENHANCED RECOVERY PATHWAY

Minimal Access Nephro-ureterectomy

(including robotic-assisted procedures)

TIME	CLASS OF DRUG	DRUG NAME(S)	SPECIFIC ADVICE
PREOPERATIVE	**Analgesics**	Paracetamol 1g PO Gabapentin 300mg PO	avoid if >65 years old
		Paracoxib 40mg IV	at induction if GFR is normal
	Antacids	Ranitidine 150mg PO Proton pump inhibitor PO	risk of *C difficile* infection
	Antiemetics	Dexamethasone 4-8mg IV	at induction
		Ondansetron 4-8mg IV	
	Laxatives	None required	
	Antibiotics (prophylactic)	Cefuroxime 1.5g IV or	at induction only
		Amoxicillin 1g IV or	check for penicillin allergy
		Augmentin 1.2g IV	check for penicillin allergy
		Trimethoprim 200mg PO or	if allergic to penicillin
		Gentamicin IV	age/weight-related dose
	VTE prophylaxis	TED stockings	pre-operative
		Pneumatic calf compression	intra-operative
POSTOPERATIVE	**Analgesics**	Paracetamol 1g PO QDS Tramadol 50-100mg PO/IV 4-6 hourly Gabapentin 300mg PO BD	Discretionary (see above)
	Antacids	Omeprazole 20mg PO OD	if using NSAIDs
	Antiemetics	Metoclopramide 10mg PO TDS	
	Laxatives	Magnesium hydroxide 20ml PO BD or Laxido 1 sachet BD	
	VTE prophylaxis	TED stockings	until mobility is normal
		Low molecular weight heparin SC ON	
	As required	Ibuprofen 400mg PO QDS	if GFR is normal
		Oromorph 10-20mg PO 2-4 hourly Cyclizine 50mg PO TDS (or IV) Ondanestron 4-8mg IV BD	
DISCHARGE	**Analgesics**	Paracetamol 1g PO QDS	for 14 days
		Ibuprofen 400mg PO QDS	for 3 days (if GFR is normal) then stop
		Codeine phosphate 30-60mg PO QDS or Tramadol 50-100mg PO QDS	
	Antacids	Omeprazole 20mg PO OD	if using NSAIDs
	Laxatives	Magnesium hydroxide 20ml PO BD	
	VTE prophylaxis	Low molecular weight heparin SC ON	minimal access : stop at discharge *or* open: continue for 28 days