

NUH Free Flap Enhanced Recovery After Surgery (ERAS) Protocol	
	Aim
Pre-op	
Meal on night before surgery between 2200 - 2400	Reduce pre-op fasting
Intra-operatively/ Day of Surgery	
NBM 2 hours prior surgery (Offer appropriate drink* only at 0600)	Reduce PONV
Avoid routine arterial line	Early mobilization
Consider Pancuronium at Induction (reduce need for short acting muscle relaxants)	Reduce PONV
Consider TIVA rather than Inhalational anaesthesia	Reduce PONV
IV fluids: minimize to 2-3L intra-op **	Prevent fluid overload
No PCA	Early mobilization & Reduce PONV
Intra-op analgesia: 10mg – 15mg IV Morphine/Oxycodone 10-20 mins before wakeup	Reduce post-op abdominal pain
Pectus Sheath Block (2mg/kg Bupivacaine)	Reduce post-op abdominal pain
Minimize amount of tissue raised from abdominal flap	Reduce post-op abdominal pain
Simultaneous abdominal closure at the time of micro	Reduce Surgical time
Post-op/ Same Day	
Oral Fluids as soon as patient fully awake and solids 2-4 hrs after surgery (Feeding to start the same evening)	Reduce PONV
Analgesia: Oxycodone (Longtec & Shortec)	Early mobilization
Start Laxative regime at the same time as opioid analgesia commencement - Regular Sodium Docusate 200 mg BD & Senna 7.5mg - 15 mg ON	Early mobilization
Commence Regular Ondansetron over next 48 hours (4mg PO/IV tds)	Reduce PONV
Oxygen for first 24 hours - Only if Sats below target on air	Early mobilization
Flowtron overnight - remove next morning once Enxaparin has commenced	Early mobilization
Target Urine Output post op – 0.5ml/kg/hr - Only give fluid bolus if SBP <20% of pre-op BP or if UO <0.5ml/kg/hr for 2 consecutive hours	Prevent fluid overload
Enoxaparin (Consider 6 hrs post op)	VTE prophylaxis
Post-op/ Day 1	
Commence NSAIDs & PPI cover - Ibuprofen 400mg QDS & Lansoprazole 30mg OD)	Reduce post-op abdominal pain
Remove cannula if adequate input & output	Prevent fluid overload
TWOC (if U.O. monitoring required to be done without catheter)	Early mobilization
Mobilise & Physiotherapy	Early mobilization
Post-op/ Day 2	
Remove drains when <15ml/12 hours - Nurse led	Early mobilization
* appropriate drink should not be fizzy and contain less than 20% milk	
** unless clinically indicated. For patients of <45kg aim for 30-40 ml/kg	