ERAS FOR SPINE Sep 2022, SW Dept of Anes

Major Goals:

- Decrease post-op narcotic usage, especially IV PCA
- Allow more cases to be done as outpatient
- Minimize PONV

Multimodal Analgesia Plan

- PO acetaminophen in PAA
- DOS continuation of established PO Neurontin or Lyrica usage
- Toradol at closure, but only after checking with surgeon
- Precedex intra-op
- Decadron at induction if no contraindication
    - High dose required for analgesia (≥ 10mg)
- Ketamine for certain patients:
    - Those on narcotics pre-op and/or
    - Age < 60
- Avoid Ultiva unless specifically indicated (prolonged Ultiva infusions are associated with hyperesthesia)
- Methadone at induction in place of all other narcotics
    - Standard dose is 20 mg
    - Decrease dose to 5-10 mg if frail, elderly, or outpatient
    - QT prolongation is a theoretical concern after one dose
    - Advantages
        1. Long duration
        2. NDMA receptor antagonism
        3. Serotonin and Norepinephrine CNS reuptake inhibition
- Post-op order recommendations
    - ATC acetaminophen
    - ATC NSAID if no contraindication
    - ± ATC Decadron
    - ± ATC muscle relaxant of choice
    - PRN PO narcotic for breakthrough

PONV prevention

- Scopolamine if not contraindicated
- Two IV antiemetics from different classes (Decadron counts as one)

Future considerations:

- Neuraxial opioids
- Paravertebral blocks
- ESP blocks