Goals:
- Standardize care for patients undergoing ventral hernia surgery using a pathway specifically designed for PIMC patients based on best practices and evidence.
- Meet SCIP quality measures
- Improve patient satisfaction
- Improve outcomes & decrease complications
<table>
<thead>
<tr>
<th>Topic</th>
<th>Reference(s)</th>
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<tbody>
<tr>
<td>Surgical Care Improvement Project (SCIP)</td>
<td>Surgical Care Improvement Project, CMS Core Measure</td>
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</tbody>
</table>
Pathway

I. Pre-Operative (inpatient and outpatient)
   A. Patient education (ERAS)
      a. Skin preparation
      b. Operation
      c. Expected recovery time
      d. Possible complications
      e. Pain control
      f. Mobilization – We Move! program: in chair (if not walk) POD#0, walk POD#1
      g. VTE prophylaxis
      h. Incentive spirometry
      i. Post-operative lifting restrictions
   B. Skin Preparation
      a. Swab nares of patient prior to surgery.
      b. If nasal swab positive for staph, follow decolonization protocol: (Bode, Kim)
         i. Mupirocin ointment 2% to each nare BID x 5 days
         ii. Daily chlorhexidine shower x 5 days
      c. If nasal swab negative for staph, bathe the entire body the day before and the
         morning of surgery with chlorhexidine solution. (Webster) Note: Although the
         Cochrane Review of 7 high quality studies shows no benefit for this wash, the
         included patients were low and medium risk and some individual studies do show a
         benefit. Further, there was very low risk of allergic reaction. Given the high
         prevalence of skin and soft tissue infections in our PIMC patients, we still include this
         maneuver in our pathway.
   C. Alvimopan (ERAS, Delaney)
      a. If meets PIMC P&T Inclusion Criteria:
         12 mg po (1 dose) 2 hours before scheduled surgery start time with sip of water
   D. NPO at MN
   E. Prophylactic Antibiotic Selection (SCIP, Bratzler)
      Administer 1 hour prior to incision
      UNLESS: Vancomycin: administer 2 hours prior to incision
      a. If no history of or high suspicion for MRSA:
         Cefazolin: 1 gram if <80 kg, 2 grams if >=80 kg (Ho)
      b. If penicillin allergy AND/OR history of MRSA (check past sensitivities for Clindamycin
         resistance) or high suspicion:
         Vancomycin: 1 gram or
         Clindamycin: 900 mg
II. Intra-operative

A. Hair removal with clippers only (SCIP)

B. Maintain normothermia with Bear Hugger
   a. (SCIP) Pt must be equal or greater than 96.8 within 30 minutes prior to anesthesia end time or immediately 15 minutes after anesthesia end time.

C. Redose antibiotics if case is longer than half of the administration interval (Bratzler)
   See PIMC Recommended Peri-Operative Prophylaxis Card for specifics (posted in all operating rooms).

D. Consider IV acetaminophen

E. Transversus Abdominis Plane Block – (Keller)
   a. Inject 30 cc 0.25% bupivacaine in transversus abdominis plane prior to conclusion of case
III. Post-Operative

A. Diet: start clear liquids post-operatively (ERAS)

B. We Move! – Early Mobilization (POSH We Move! Program)
   a. POD#0: out of bed to chair and walk if feasible
   b. POD#1: continue out of bed to chair and walk

C. VTE prophylaxis (SCIP, PIMC Inpatient VTE Risk Screening)
   a. SCDs
   b. Pharmacologic (if not contraindicated) – to be started by POD#1 unless concern for bleeding risk (document if not begun)
      i. Enoxaparin – hold for renal insufficiency or
      ii. heparin

D. Antibiotics: to be stopped within 24 hours after surgical end time (SCIP)
   a. If therapeutic antibiotics indicated, must document.

E. Urinary catheter (SCIP)
   a. Remove POD#1 if UOP>30 cc/hr
   b. Remove POD#2 at latest (document if not removed)

F. Pain control (ERAS)

<table>
<thead>
<tr>
<th>Class</th>
<th>Medication</th>
<th>Dosing</th>
<th>IV/PO</th>
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<tbody>
<tr>
<td>Non-opioid</td>
<td>Acetaminophen</td>
<td>1 gram IV q6hr x 48 hours</td>
<td>Change to PO once taking adequate oral</td>
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<tr>
<td>GOAL: Minimize opioid use</td>
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<tr>
<td>Non-opioid</td>
<td>Ketorolac</td>
<td>Standard PIMC dosing/prn; caution for patients &gt;50, DM, renal insufficiency</td>
<td>Change to ibuprofen once taking adequate oral</td>
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<tr>
<td>Non-opioid</td>
<td>Gapabentin</td>
<td>300 mg PO qhs until discharge</td>
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<tr>
<td>Opioid</td>
<td>morphine PCA, hydromorphone injection, fentanyl infusion</td>
<td>Standard PIMC dosing/prn</td>
<td>Change to oxycodone once taking adequate oral</td>
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G. Alvimopan (ERAS, Delaney)
   a. Dose until bowel function returns or total of 7 post-op days

H. Abdominal binder – wear when out of bed