

Enhanced Recovery after Surgery (ERAS) / Cesarean Birth Guideline

Antepartum Elements
Patient Education
Includes: Pre-CD instructions, what to expect during and post-surgery for ERAS Set expectations Engage patient to participate in surgical preparation and recovery
Modify/minimize co-morbidities
Hemoglobin optimization
Preoperative Elements
Fasting Interval / Oral Intake
No solid food within 8 hrs of surgery <ul style="list-style-type: none"> • Clear liquids permissible (pulp-free juice, soda, electrolyte drinks, coffee or tea without cream/milk; no broth) up to 2 hrs pre-procedure
Pre-anesthetic Medications
Antacids/ Histamine H2 receptor antagonists: <ul style="list-style-type: none"> • Pepcid (famotidine) 20 mg IVPB or IV push <ul style="list-style-type: none"> ◦ Administered within 60 minutes of incision
Antibiotics, prophylaxis: Administered within 60 minutes of incision <ul style="list-style-type: none"> • Patients without penicillin (PCN) allergy • < 120 kg: Cefazolin 2 grams IVPB • ≥ 120 kg: Cefazolin 3 grams IVPB • Patients with PCN allergy with high risk anaphylaxis <ul style="list-style-type: none"> ◦ Clindamycin 900 mg IVPB <li style="text-align: center;">and ◦ Gentamicin 400 mg IVPB (max dose/ 24 hrs = 500 mg) • Patients laboring prior to CD or ruptured membranes 2: 4 hrs <ul style="list-style-type: none"> ◦ Additional antibiotic: Azithromycin 500 mg in 250 ml DsW
Skin Preparation
Clippers for hair removal if indicated <ul style="list-style-type: none"> • Complete in LDR prior to transfer to OR if non-urgent
Intraoperative Elements
Skin Preparation
Chlorhexidine skin preparation to surgical site prior to incision <ul style="list-style-type: none"> • 2 prep sticks utilized for BMI ≥ 30 • Refer to Lippincott Skin Preparation, Preoperative

Vaginal Cleansing
Povidone - iodine vaginal cleansing prior to incision
Intravenous Fluid Optimization
IV fluids limited to < 3L for routine cases
Prevention of Anesthesia-Induced Hypotension
Prophylactic vasopressor (e.g. phenylephrine infusion for CSE/ spinal anesthesia)
Avoid Intra-operative Nausea & Vomiting (NN)
Prophylactic IV antiemetics: (2 of 3 recommended) <ul style="list-style-type: none"> • Ondansetron 4 mg IV • Dexamethasone 6 mg (not recommended for pre-gestational diabetes; ok with GDMA1 and GDMA2) • Reglan 10 mg IV Avoid exteriorization of uterus when possible Avoid abdominal saline irrigation
Initiate multimodal analgesia
Long acting neuraxial opioid (low-dose Duramorph) <ul style="list-style-type: none"> • Intrathecal 50-100 mcg • Epidural 1-2 mg Non-opioid analgesia initiated in O.R. unless contraindicated: <ul style="list-style-type: none"> • Toradol (Ketorolac) 30 mg IV • Acetaminophen 650 mg PO in PACU Patients unable to receive Duramorph and / or chronic opioid use: <ul style="list-style-type: none"> • Abdominal wall block in OR after closure e.g. transversus abdominis plane block (TAP), quadratus lumborum block (QLB)
Thermoregulation
Maintain normothermia via: <ul style="list-style-type: none"> • OR temp maintained 72° F (for preterm delivery: 76 - 79° F) • Utilize warmed IV fluids • Forced air warming as indicated
Venous Thromboembolism Prevention
Mechanical compression device maintained throughout operative procedure
Promote Breastfeeding and Maternal-Infant Bonding
Skin to Skin (STS) contact as soon as reasonably able
Postoperative Elements
Early Oral Intake

<p>Ice chips and/or clear liquids within 60 minutes IV to saline lock once oxytocin infusion complete, when appropriate (e.g. tolerating fluids, adequate urine output, no additional medicated IV infusions) Diet: Advance to solid food within 2 - 4 hrs</p>
<p>Multimodal Analgesia</p>
<p>Continue concurrent, around-the-clock, scheduled analgesics (acetaminophen and NSAID) per order</p>
<p>Venous Thromboembolism Prevention</p>
<p>Mechanical compression device maintained while in bed Pharmacologic chemoprophylaxis per DVT risk score -initiation of first dose based upon timing of both neuraxial catheter placement and removal time.</p> <ul style="list-style-type: none"> • Initiate after 4 hrs after removal of epidural catheter
<p>Indwelling Catheter Removal</p>
<p>Remove within 6-12 hrs after completion of Recovery Period unless medically indicated</p>
<p>GI Motility</p>
<p>Gum chewing: Encourage gum chewing in Recovery Period and TID between meals Minimize opioid use Stool softeners as indicated Encourage out of bed to chair and mobilization</p>
<p>Early and Ongoing Ambulation</p>
<p>Initiate after return of motor function Evening of surgery: out of bed (OOB) > 2 hrs (including 1 or more walks/ sitting in chair) Day after surgery until discharge: OOB > 8 hrs (includes 4+ walks and sitting in chair) Up in chair or sitting up at side of bed for all meals</p>
<p>Discharge Instructions</p>
<p>Standardized written discharge instructions Patients not using opioids PP: no Rx upon discharge Patients using opioids PP: Rx for #5 (max Rx #20)</p>