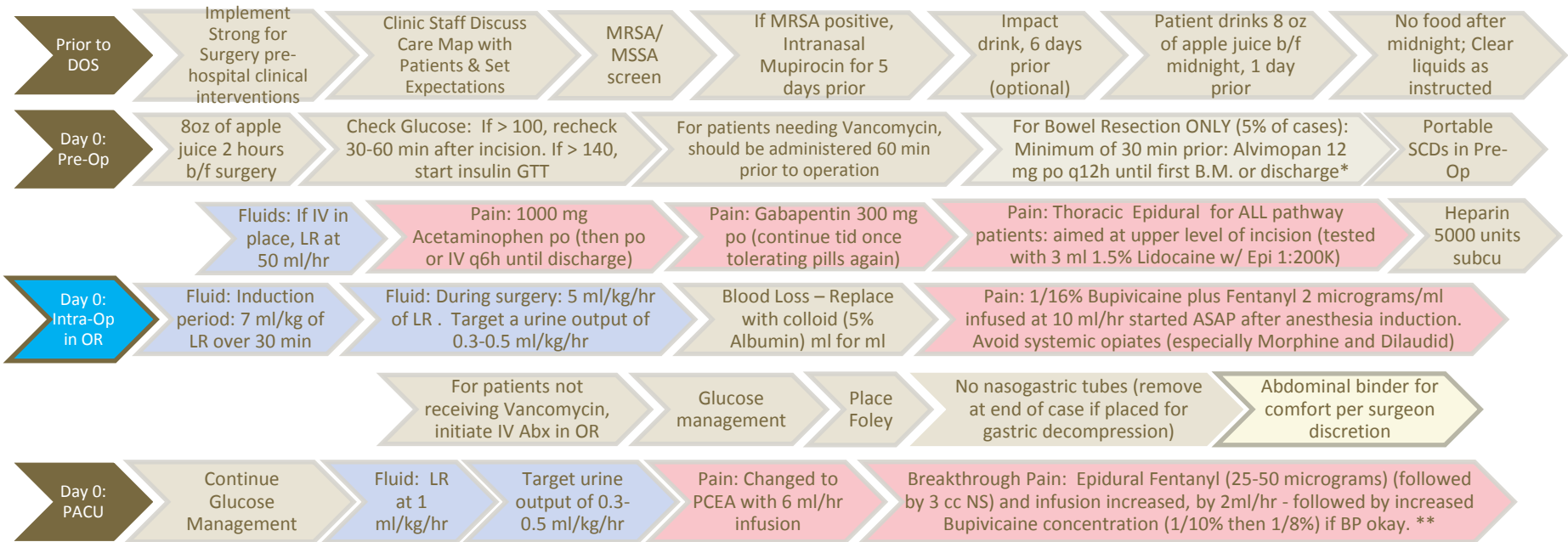


Hernia~ Clinical Care Pathway

At Surgeon Discretion



~ This pathway applies to all Ventral and Incisional Hernia Repairs where patients get admitted to the hospital, whether Open or Laparoscopic.

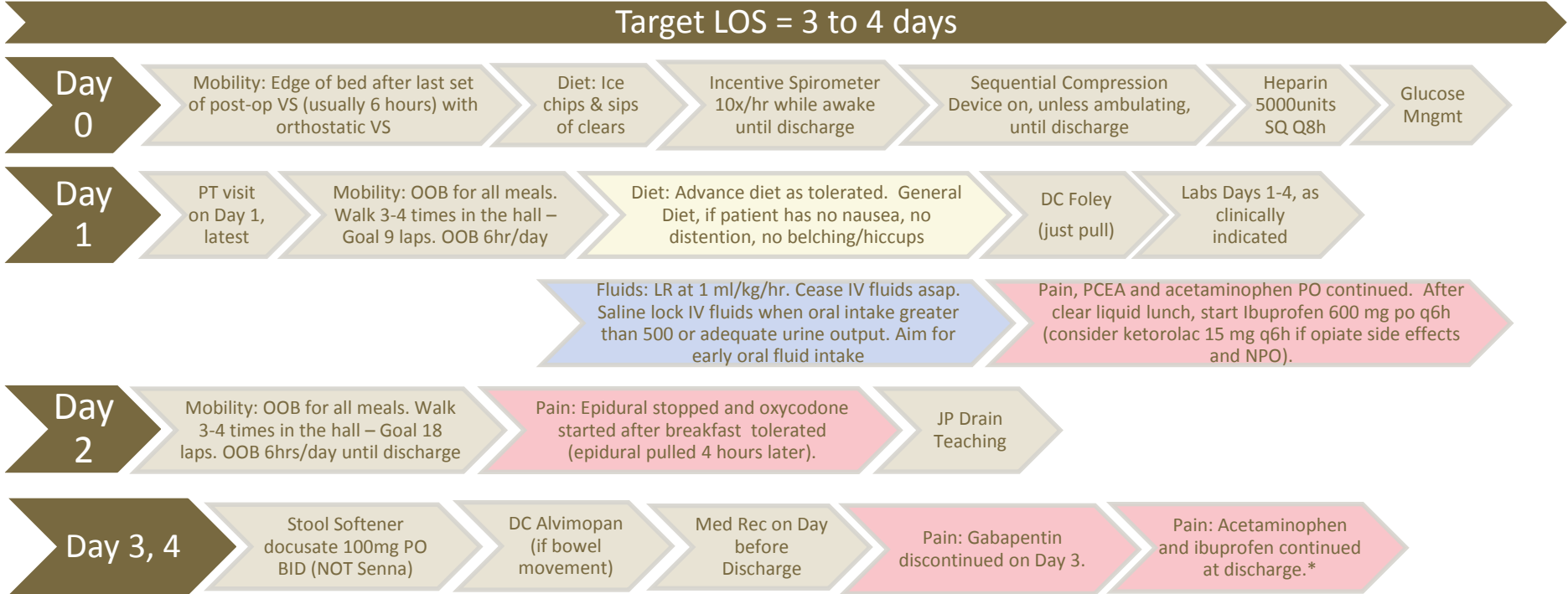
~ **Excluded patients:** Patients on daily pre-op opiates for >2 months; Abnormal LFTs; Abnormal coags; Abnormal Creatinine

* Unless chronic opioid user (on narcotics within 1 week of surgery)

** If BP low or marginal or pressors ongoing talk with surgeons about ketorolac (vs. bleeding vs. nephrotoxic risks vs. anastomotic risk). If BP unable to be controlled with low dose pressors or fluid bolus (500 cc) “split” epidural (take fentanyl out of epidural infusion and add IV opiate PCA) in preparation for, or as start of, stopping epidural.

Hernia Clinical Care Pathway

At Surgeon Discretion



* Patients should be advised to stop Ibuprofen when oxycodone no longer needed more frequently than q6h.