



# Hand Assisted Laparoscopic Living Donor Nephrectomy Protocol

Revised January 2018 by Courtney Jones, MD

<p>Time Out #2</p> <p>Intraop Management</p> <p>Emergence</p>	<ul style="list-style-type: none"> <li>○ Time Out - Confirm ABO, UNOS number, fluid goals, and that SQH, premeds, and antibiotics have been given.</li> <li>○ If necessary, remind surgeons to localize port and midline incision with 20-30mL of 0.25% bupivacaine <b>prior to incision</b></li> <li>○ Goal of ~4 L warmed IV fluid prior to cross clamp</li> <li>○ In general, goal MAP &gt; 65. May vary based on patient</li> <li>○ Give dexamethasone 10mg IV for analgesic and antiemetic benefit<sup>1-2</sup></li> <li>○ Administer Lasix ~20 mg IV when instructed by surgeon</li> <li>○ Monitor UOP, notifying surgeon at least every 30 minutes             <ul style="list-style-type: none"> <li>- Goal of brisk UOP, ~500 ml/hr</li> </ul> </li> <li>○ Fentanyl as necessary throughout the case. Try to avoid Dilaudid if possible.             <ul style="list-style-type: none"> <li>- Many non-opioid adjuncts are being utilized to minimize total dose of narcotics.</li> <li>- Use caution to not over narcotize the patient since TAP block will be performed.</li> </ul> </li> <li>○ Ketorolac 15mg IV <b>AFTER the kidney is removed</b><sup>3-4</sup></li> <li>○ Zofran 4mg IV</li> <li>○ Remove Foley Catheter</li> <li>○ Bilateral TAP block by Pain Service prior to extubation<sup>5</sup></li> <li>○ Place abdominal binder on patient</li> <li>○ Extubation as clinically appropriate</li> </ul>
<p><b><u>Postoperative Tasks</u></b></p>	<ul style="list-style-type: none"> <li>○ Transfer to PACU.</li> <li>○ Standard report to PACU team</li> <li>○ Order Tramadol 50mg for PACU, no oxycodone</li> </ul> <p>The surgeons will continue the ketorolac for 24 hours and give a second dose of dexamethasone on POD #1. Acetaminophen will be continued in house and tramadol will be ordered for a pain score of 1-7 with Dilaudid for a pain score of 8-10. The patient will be sent home with 2 weeks of scheduled acetaminophen and gabapentin with tramadol for breakthrough.</p>

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## References:

1. De Oliveira, GS, et al. Perioperative Single Dose Systemic Dexamethasone for Postoperative Pain: A Meta-analysis of Randomized Controlled Trials. *Anesthesiology* 2011; 115(3): 575-588.
2. Waldron, NH, et al. Impact of perioperative dexamethasone on postoperative analgesia and side-effects: systematic review and meta-analysis. *BJA* 2013; 110(2): 191-200.
3. Li, NY, et al. Renal Response Following Perioperative Ketorolac Analgesia in Living Kidney Donation. *Transplantation* 2015; 99(3) e22-23.
4. Freedland, SJ, et al. Ketorolac-based improves outcomes for living kidney donors. *Transplantation* 2002; 73(5): 741-745.
5. Hosgood, SA, et al. Randomized Clinical Trial of Transversus Abdominis Plane Block versus Placebo Controlled Live-Donor Nephrectomy. *Transplantation* 2012; 94(5) 520-525.