# MGH Enhanced Recovery After IR Procedure (ERAP) Pathway

Updated 3.01.2021

<table>
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<th>Element</th>
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| **Pre-procedure Testing** | - All candidates for block placement should have pre-procedure consent obtained and scanned in EPIC prior to arriving at MGH.  
- If there are questions regarding anticoagulation management as it relates to block please contact anesthesia for consultation.  
- Coagulation studies should be obtained the day of the procedure. |
| Radiologists  
Nursing |  |
| **Pre-procedure Medication Management** | - Hold ACE inhibitors and ARBs on the day of surgery  
- Take prescribed beta-blockers on the day of surgery  
- Patients on long-acting narcotic therapy (e.g. OxyContin) should take their extended-release narcotic on the day of their procedure  
- Anticoagulation management will be per anesthesia guidelines in consultation with patient’s primary physician.  
- Vitamin/herbal supplements, and fish oil should be held 7 days prior to procedure |
| Radiologists  
Nursing |  |
| **Preemptive Analgesia** | - Patients should receive 975mg of acetaminophen orally prior to procedure  
- Patients should receive 200 - 400mg of celecoxib orally prior to surgery, except for patients with known or suspected renal disease (GFR <60 and or age >65)  
- Oxycodone 5mg PO |
| Radiologists, Residents,  
Fellows  
Pre-op Nursing |  |
| **Intra-procedure Regional Anesthesia** | - When possible administer regional anesthesia  
1. Paravertebral block (PVB) for ablations  
2. Superior hypogastric block for uterine embolizations |
| Radiologists, Residents,  
Fellows  
Anesthesia |  |
| **Procedure Antiemetic Prophylaxis** | - Unless contraindicated, the following antiemetics can be administered intra-procedurally:  
1. Zofran 4mg IV  
2. Haloperidol 1mg IV  
3. Dexamethasone 12 mg (prevent post ablation/embolization syndrome)  
- Scopolamine patches should be given to patients under 65 with a history of motion sickness or PONV |
| Anesthesia  
Residents,  
Fellows  
Nursing |  |
| **Intra-procedure Fluid Management** | - Suggest 10 cc/kg/hr (not to exceed 1.5L)  
- Prevent hypovolemia post-procedure |
|  |  |
| **Post-procedure Antiemetic Use** | - The following medications are acceptable for rescue antiemetic use in RICA:  
1. Zofran 4mg IV x 1 dose  
2. Haloperidol 1mg IV x 1 dose  
3. Metoclopramide 5-10mg IV x 1 dose  
4. Promethazaine 6.25 IV x 1 dose  
- The first line rescue antiemetic given in the RICA should be a medication not given pre- or intra-procedurally |
| Anesthesia  
Residents,  
Fellows  
Nursing |  |
| **Post-procedure Analgesia** | - Patients should receive scheduled non-narcotic analgesic therapy:  
1. Ketorolac IV 30mg q6h (15mg q6h if patients are over age 65), except patients with known renal impairment (GFR <60)  
2. Acetaminophen 1g q8h X 2 doses  
- Rescue narcotic therapy should be minimized  
1. Patients should not receive more than 0.5mg IV hydromorphone (or equivalent) in RICA  
2. Oxycodone 5-10mg PO is the preferred agent for patients tolerating clear liquids  
3. For patients receiving IV narcotic therapy, hydromorphone PCA is preferred to intermittent IV bolus dosing |
| Anesthesia  
Residents,  
Fellows  
Nursing |  |