

## ERP LAP NEPHRECTOMY / ADRENALECTOMY: MULTIMODAL ANALGESIA GUIDELINES

All usual analgesia <b>unless renal impairment</b> or otherwise indicated (including opioid patches): consider 100-300mg Gabapentin pre-operatively
Regional blocks (TAP, QL, ESP) or local anaesthetic infiltration intraoperatively - Avoid spinals, epidurals & PCAs
Paracetamol 1g 4 - 6hrly (PO/IV) 4gm in 24 hrs - reduce dose to 500mg QDS if patient weighs <50kg
Avoid routine drains & catheters & encourage DREAM postop

**Patients under 75 years who have normal renal function on Day 1**



**Patients who are greater than 75 years and are considered at risk of toxicity**



**Patients with prior renal impairment or who have an e GFR < 30**



Ibuprofen 400mg PO TDS OR Naproxen 500mg PO BD if no contraindications	<b>Avoid NSAIDs</b>	<b>Avoid NSAIDs</b>
Oxycodone (IR) 2.5 -10mg 2 - 4 hrly PO PRN depending on response	Oxycodone (IR) 1.25 - 5 mg 2 - 4 hrly PO PRN depending on response	Oxycodone IR 1.25 - 2.5mg 4 hrly PO PRN
Naloxone 100 - 400 micrograms prescribed: following algorithm ( <a href="#">Naloxone delivery</a> )		
Oxycodone (SR) 5mg PO BD for 2/7	Oxycodone (SR) 5mg PO BD for 2/7	No MR opioid
Gabapentin 100 to 300mg PO stat: if effective continue 300mg TDS for 3 days and review ( <i>watch renal function</i> )	Gabapentin 100 or 200mg PO stat: continue TDS if side effects tolerated ( <i>watch renal function</i> ): 3 days and review	Gabapentin 100mg PO stat: BD if side effects tolerated : <i>titrate against renal function</i> ; review regularly
Consider Dihydrocodeine 30mg PO 4 hourly PRN for step down		Avoid codeine based drugs
1 <sup>st</sup> line: Ondansetron 4 – 8 mg TDS PRN PO/IV/IM; 2 <sup>nd</sup> line: Cyclizine 50mg TDS PRN PO/IV		
Sodium Docusate 100mg BD PO Reg; Senna 2 tabs BD PO PRN		