

Lap Nephrectomy & Adrenalectomy: Enhanced Recovery Analgesia Guidelines

On admission prescribe all usual analgesia (including opioid patches) – unless contraindicated (e.g. AKI, acute confusion, sepsis)
**Prescribe Gabapentin 100 – 300 mg pre-operatively unless contraindicated
Pre-emptive regional blocks (TAP, QL, ESP) or local anaesthetic infiltration intra-operatively Avoid routine epidurals & PCAs, consider spinal for nephro-ureterectomies
Paracetamol 1g 4–6hrly (PO/IV) max 4gm in 24 hrs - reduce dose to 500mg QDS if patient weighs <50kg
Avoid routine drains & catheters & encourage DREAM postop

Patients less than 75 years age who have normal renal function on Day 1	Patients greater than 75 years age considered at risk of toxicity	Patients with renal impairment or have eGFR <30
↓	↓	↓
Ibuprofen 400mg PO TDS or Naproxen 500mg BD if no contraindications	Avoid NSAIDs	Avoid NSAIDs
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 iv stat prescribed for opioid toxicity: following algorithm (https://www.bsuh.nhs.uk/library/wp-content/uploads/sites/8/2020/05/Protocol-for-management-respiratory-depression-1.pdf)		
Oxycodone (SR) 5mg PO BD for2/7	Oxycodone (SR) 5mg PO BD for2/7	No MR opioid
Gabapentin 300mg TDS PO for 3 days if tolerated and review (<i>watch renal function</i>)	Gabapentin 100 – 200mg TDS PO for 3 days if tolerated and review	Gabapentin 100mg PO stat if tolerated titrate against renal function: review regularly
Consider Dihydrocodeine 30mg PO 4 hourly PRN for step down		Avoid codeine based drugs
Anti-emetics: Please prescribe as per PONV guideline on microguide		
Laxatives: Senna 15mg BD PO PRN; Macrogol 3350 up to 3 sachets per day PO PRN https://viewer.microguide.global/BSUH		
Review analgesic requirements daily - if after following this protocol pain is still an issue contact the Acute Pain Team (bleep 6468)		
*OXYCODONE s/e: confusion, hallucinations, sedation, N+V, itching, constipation	**Gabapentin s/e: sedation, hallucinations, dizziness, tremor	
Patients should be discharged without MR opioids and a limited amount of Gabapentin: wherever possible		