

# Lap Nephrectomy & Adrenalectomy: Enhanced Recovery Analgesia Guidelines

On admission prescribe <b>all usual analgesia</b> (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
<b>Paracetamol</b> 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	<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
<b>Naloxone 100 - 400 micrograms iv stat</b> prescribed for opioid toxicity: following algorithm ( <a href="https://www.bsuh.nhs.uk/library/wp-content/uploads/sites/8/2020/05/Protocol-for-management-respiratory-depression-1.pdf">https://www.bsuh.nhs.uk/library/wp-content/uploads/sites/8/2020/05/Protocol-for-management-respiratory-depression-1.pdf</a> )		
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
<b>Anti-emetics:</b> Please prescribe as per <a href="#">PONV guideline on microguide</a>		
<b>Laxatives:</b> Senna 15mg BD PO PRN; Macrogol 3350 up to 3 sachets per day PO PRN <a href="https://viewer.microguide.global/BSUH">https://viewer.microguide.global/BSUH</a>		
Review analgesic requirements daily - if after following this protocol pain is still an issue contact the <b>Acute Pain Team (bleep 6468)</b>		
*OXYCODONE s/e: confusion, hallucinations, sedation, N+V, itching, constipation	**Gabapentin s/e: sedation, hallucinations, dizziness, tremor	
<b>Patients should be discharged without MR opioids and a limited amount of Gabapentin: wherever possible</b>		