# Hand Assisted Laparoscopic Living Donor Nephrectomy Protocol
Revised January 2018 by Courtney Jones, MD

## Preoperative Setup
- Ensure premeds are ordered the night before surgery. Please include all of the following drugs unless there is a clinical reason not to do so. The goal is to minimize narcotics in these patients.
  - Acetaminophen 975mg po
  - Gabapentin 600-900mg po
  - Scopolamine patch
- Standard airway equipment and monitors
  - Central line and arterial line are not routinely necessary
- Fluid warmer with 2nd IV set up

## Additional Drugs to have Available
- SQ Heparin
- Antibiotic
- Lasix

## Preoperative Tasks
- Interview and examine the patient
  - Most patients will have an H&P from CPC
- Review day of surgery labs (if any)
- Ensure patient has an active type and screen
- Obtain peripheral IV access
- Consent patient for TAP block
- Ensure SDS RN gave premeds (acetaminophen, gabapentin, and scopolamine as listed above)
- Obtain electrolyte-appropriate IV fluids
  - LR or Normosol/Plasmalyte

## Fluids
- Start infusion of warmed IV fluid prior to induction of anesthesia (Goal will be ~4L by cross clamp)

## IV Access
- PIV x 2 (one after induction)

## Monitors
- Routine monitors
  - Arterial line is not necessary

## Intraoperative Tasks

### Time Out #1
- ABO Timeout – On arrival to the room by OR RN prior to induction

### Induction
- Induction and Airway as clinically indicated
- Place 2nd IV
- Pt will be positioned lateral
### Intraop Management

**Time Out #2**
- Time Out - Confirm ABO, UNOS number, fluid goals, and that SQH, premeds, and antibiotics have been given.
- If necessary, remind surgeons to localize port and midline incision with 20-30mL of 0.25% bupivacaine **prior to incision**
- Goal of ~4 L warmed IV fluid prior to cross clamp
- In general, goal MAP > 65. May vary based on patient
- Give dexamethasone 10mg IV for analgesic and antiemetic benefit
- Administer Lasix ~20 mg IV when instructed by surgeon
- Monitor UOP, notifying surgeon at least every 30 minutes
  - Goal of brisk UOP, ~500 ml/hr
- Fentanyl as necessary throughout the case. Try to avoid Dilaudid if possible.
  - Many non-opioid adjuncts are being utilized to minimize total dose of narcotics.
  - Use caution to not over narcotize the patient since TAP block will be performed.
- Ketorolac 15mg IV **AFTER the kidney is removed**

### Emergence

- Zofran 4mg IV
- Remove Foley Catheter
- Bilateral TAP block by Pain Service prior to extubation
- Place abdominal binder on patient
- Extubation as clinically appropriate

### Postoperative Tasks

- Transfer to PACU.
- Standard report to PACU team
- Order Tramadol 50mg for PACU, no oxycodone

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.
References: