

Pre op & Anaesthesia protocol for Day Care Hysterectomy. (2017)

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- Previous Day - Lunch before 3 pm, after 3 pm only liquids.
Previous Night - Alprazolam 0.5 mg + Zintac 300 tab + Dulcolax 2 tab. (7.00 pm)
Betadine pessary HS.
- On table - Inj. Clonidine 1 µgm / Kg body wt. IV slowly
- Induction - 1 mg Midazolam + Fentanyl 2 – 3 µgm/kg body wt. + Glycopyrolate
- Propofol
- IV Paracetamol 1gm (over 15 min)
- i-gel LMA (Laryngeal mask airway)
- Maintenance - Atracurium or Pancuronium + Air + Sevoflurane or Isoflurane
+ Propofol Drip (No Nitrous oxide)

Check BP every 5 min. ↑ BP Control with Nitroglycerine

HR, ECG, NIBP, EtCO₂, temp. monitoring

EtCO₂ – keep below 35; any rise in EtCO₂ reduce by ↑ RR

Ondansetron 4 cc + Reversal

Diclofenac suppository; 10 ml sensorcaine intra peritoneal + 10 ml subcute at port site

- Nasal oxygen post op for 2 hrs.
- IV NS – 1 lit. intraoperative; 500 ml NS intraperitoneal at end of procedure
- No IV fluid postoperatively unless specifically indicated.
- 2 - 3 hrs post operative – patient mobilized to get up and pass urine, has tea/coffee.
- 4 hrs post operative - Semisolids
- 6 hrs full diet & ready for discharge.