

**LIFEHOUSE GYNAECOLOGICAL ONCOLOGY GROUP
VULVA CANCER FAST TRACK-ERAS
PERIOPERATIVE CARE PROTOCOL**

PREADMISSION

Specialist Nurse Instruction
Provide Patient Information Brochure (PIB)
Commence D/C Planning
VTE Instruction

PRE & INTRAOP

Bair-Hugger
IV COX Inhibitor (Paracoxib)
IV Paracetamol
VTE Prophylaxis
IV Antibiotic
Chlorsig to wound
Jelonet dressing

DAY 0

Fluids/Diet as tolerated PO
PCA
PONV Protocol
VTE Prophylaxis
Bed rest until directed by MO

DAY 1

FBC/UEC if requested by MO
VTE prophylaxis
Analgesia
Bed rest until directed by MO
Bed cradle
Diet as tolerated unless directed by MO
Do not remove drains unless instructed by MO.
Monitor and record drain output
After Review:
Cease PCA (2 hours after "Strong Analgesia" given)
IDC remains insitu & removed only after directed by MO

DAY ≥ 2

VTE prophylaxis
Analgesia
Mobilisation as directed by MO
Bed cradle
Diet as tolerated unless directed by MO
Drain remains insitu until instructed by MO

CRITERIA FOR DISCHARGE

Tolerating diet
Pain controlled with oral analgesia
Mobilising without assistance
Adequate home supervision
Absence of wound infection or separation

DAY 2 POST DISCHARGE

Phone call from Specialist Nurse or Fellow

1 WEEK POST OP

Attend Nurse Led Follow Up Clinic

2 WEEKS POST OP

Attend clinic for post op visit

Perineum Care

Peri washes TDS from day 1
Place patient on bed pan
Irrigate vulva with normal saline
Dry using hair dryer on low heat setting
Apply Chlorsig ointment

VTE Prophylaxis

Preop
Clexane 20mg SCI
Intraop
TED Stockings & Sequential Compression Devices
Postop
Clexane 20mg SCI post op D0
TED Stockings & Sequential Compression Devices
Fraxiparine 2850 IU SCI or
Clexane 20-40mg SCI daily.
Extended prophylaxis in selected high risk patients.

Laxatives

As prescribed:
Coloxyl with Senna 2 nocte or
Movicol 2 sachets daily

Notify RMO/Registrar/Fellow

T > 38⁰
P > 120
BP <100 or >160 mmHg systolic
Urine output <30 ml/hr
Has not passed urine 4 hours after catheter removed

Analgesia

Paracetamol: 1000mg q6h
Meloxicam: 15mg daily x3 days (avoid or decrease dose to 7.5mg in elderly, HT, ACE inhibitor, increased creatinine)
Strong Analgesia
Oxycodone (Endone): 2.5-5mg q4-6 hr prn
Tramal: 50-100mg q6-12h PO/IV/IM
Targin: 5/2.5; 10/5: BD
Tapentadol SR: 50-100mg BD
Tapentadol IR: 50mg q6hr
Zaldiar ii tabs TDS

Discharge Orders

Paracetamol 1000mg QID
Coloxyl & Senna 2 nocte (or Movicol 2 sachets nocte)
Plus "Strong Analgesia"
Continue Perineal Care as instructed
Follow up appointment made
D/C Summary completed
Post Discharge Care Instruction information given to patient
TED stockings worn for 4 weeks
Extended VTE prophylaxis in selected high risk patients