

ANTIPLATELET AND ANTICOAGULANT AGENTS

This is not an exhaustive list – confirm with pharmacy if you are unsure if the patient is receiving antiplatelet and/or anticoagulant therapy.

Oral antiplatelet agents:

ASA (ASPIRIN)
ASA-dipyridamole (AGGRENEX)
dipyridamole (PERSANTINE)
clopidogrel (PLAVIX)
prasugrel (EFFIENT)
ticagrelor (BRILINTA)
ticlopidine (TICLID)

Oral anticoagulant agents:

warfarin (COUMADIN)
dabigatran (PRADAX)
rivaroxaban (XARELTO)
apixaban (ELIQUIS)
acenocoumarol (SINTROM)

ERAS SURGERIES

Notify the ERAS Patient Navigator for patients having the following procedures. These procedures should have ERAS stamp or label on their pre-operative package and entered as 'ERAS' on the OR slate in the comments column.

Procedure (Open or MIS):

Anterior resection
Abdominal perineal resection
Diverting loop colostomy
Diverting loop ileostomy
Extended Left or Right hemicolectomy
Hartmann's bowel resection
Left or Right hemicolectomy
Low Anterior Resection
Pelvic pouch procedure
Proctocolectomy
Recto-sigmoid reconstruction/Hartmann
Rectal prolapse/abdominal approach
Sigmoid colectomy
Subtotal colectomy
Total colectomy
Trans-abdominal rectopexy
Transverse colectomy

**IF YOU RECEIVED THIS FAX IN ERROR,
PLEASE CALL 604-806-8886 IMMEDIATELY**



PRESCRIBER'S ORDERS

NO DRUG WILL BE DISPENSED OR ADMINISTERED
WITHOUT A COMPLETED
CAUTION SHEET

ALLERGY/INTOLERANCE STATUS FORM (PHC-PH047)

DATE
AND TIME

BOWEL SURGERY - PRE-ADMISSION CLINIC ORDERS

(Items with check boxes must be selected to be ordered)

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LABORATORY: CEA
 HIV antibody test (patient has consented)
 Other:

DIAGNOSTICS: Chest x-ray
 ECG
Other:

MEDICATIONS: **Bowel Preparation:** (See guidelines on reverse of Page 2)

No bowel preparation

OR

BI-PEGLYTE Bowel Preparation Kit (Patient to purchase at retail pharmacy)

For patients seen in PAC the day before surgery, adjust prep times as below:

bisacodyl: Take at usual time.

Prep drink: Drink 1st litre ASAP after PAC visit.

Take 2nd litre 3 hours later.

Antibiotics: 3 doses after finishing prep drink:

Take 1st dose 2 hours after prep,

Take 2nd dose 4 hours after prep,

Take 3rd dose 11 hours after prep.

- **Two (2) nights before surgery**, take the 3 bisacodyl tablets (total of 15 mg) at bedtime
- Mix the first sachet of PEG/Electrolytes powder in 1 litre of tap water until dissolved and refrigerate. Do the same with the second sachet. May be better tolerated if chilled and/or taken through a straw
- **Day before surgery.** Do not eat any solid food. Drink clear fluids only such as: sports drinks, juice (apple, lemonade or grape), broth, black coffee, tea or Jell-O. No congee
- **At 8 am the day before surgery**, using the first dose, drink 1 glass of PEG/Electrolyte solution every 10 to 20 minutes until the entire litre is gone
- Continue to drink plenty of clear fluids after taking the prep. Aim to drink 4 glasses
- **At 11 am the day before surgery**, using the second dose, drink 1 glass of PEG/Electrolyte solution every 10 to 20 minutes until the entire litre is gone
- Continue to drink plenty of clear fluids after taking the prep. Aim to drink 4 glasses

After completing oral bowel preparation, take neomycin and metronidazole as follows (Patient to purchase at retail compounding pharmacy):

neomycin 1 g PO at 1 pm, 3 pm, and 10 pm the day before surgery

AND

metronidazole 1 g PO at 1 pm, 3 pm, and 10 pm the day before surgery

OR

SODIUM phosphate (FLEET) enema. On morning of surgery, prior to coming to hospital, use 1 enema rectally as directed on package. After contents expelled, repeat x 1

OR

Other: _____

Patients receiving anticoagulant/antiplatelet agents to be assessed by anesthesiologist for discontinuation and/or heparin bridging as necessary. (Refer to reverse of page 1 for list of agents)

Take prescribed morning medications as instructed, 3 hours before scheduled surgery time with clear fluids

Printed Name _____

Signature _____

College ID _____

Pager _____

Bowel Preparation Recommendations¹

The following recommendations are provided as guidance:

1. All patients should receive pre-operative intravenous antibiotics based on best evidence guidelines prior to colorectal surgery. Please refer to your local antimicrobial prophylaxis before surgery guidelines.
2. This guidance will defer to the bowel preparation strategy of the provincial Colon Screening Program of the BC Cancer Agency. At this time, the preferred mechanical bowel preparation agent is Bi PegLyte® (polyethylene glycol (PEG) 3350 and electrolytes for oral solution and bisacodyl), a trademark of Pharmascience and distributed by Pendopharm.

Right Hemicolectomy, Left Hemicolectomy

3. Mechanical bowel preparation may be eliminated from the pre-operative care of patients undergoing open or minimally invasive right or left hemicolectomy.
4. If mechanical bowel preparation is given, Polyethylene glycol based solutions are best in minimizing fluid and electrolyte disturbances. Further, formulations such as Bi Peglyte® (Bisacodyl + 2 L of polyethylene glycol & electrolytes) have better patient tolerance.
5. Mechanical bowel preparation alone is not sufficient to bring about a decrease in wound infection rates. If mechanical bowel preparation is given, oral antibiotics should be given along with the bowel preparation. This is best done with neomycin and metronidazole.

Sigmoid Colectomy

6. Mechanical bowel preparation may be eliminated from the pre-operative care of patients undergoing open or minimally invasive sigmoid colectomy.
7. If a mechanical bowel preparation is not given, patients should receive two dosages of sodium-phosphate based enemas on the day of surgery.
8. If mechanical bowel preparation is given, Polyethylene glycol based solutions are best in minimizing fluid and electrolyte disturbances. Further, formulations such as Bi Peglyte® (bisacodyl + 2 L of polyethylene glycol & electrolytes) have better patient tolerance.
9. Mechanical bowel preparation alone is not sufficient to bring about a decrease in wound infection rates. If mechanical bowel preparation is given, oral antibiotics should be given along with the bowel preparation. This is best done with Neomycin and Metronidazole.

Anterior Resection, Low Anterior Resection

10. Patients undergoing an open or minimally invasive Anterior Resection are best served by a mechanical bowel preparation and oral antibiotics.
11. Polyethylene glycol based solutions are best in minimizing fluid and electrolyte disturbances. Further, formulations such as Bi Peglyte® (bisacodyl + 2 L of polyethylene glycol & electrolytes) have better patient tolerance.
12. Mechanical bowel preparation alone is not sufficient to bring about a decrease in wound infection rates. If mechanical bowel preparation is given, oral antibiotics should be given along with the bowel preparation. This is best done with neomycin and metronidazole.

Abdominal Perineal Resection

13. Mechanical bowel preparation may be eliminated from the pre-operative care of patients undergoing open or minimally invasive abdominal perineal resection.
14. If a mechanical bowel preparation is not given, patients should receive 2 dosages of sodium phosphate based enemas on the day of surgery.
15. If mechanical bowel preparation is given, Polyethylene glycol based solutions are best in minimizing fluid and electrolyte disturbances. Further, formulations such as Bi Peglyte® (bisacodyl + 2 L of polyethylene glycol & electrolytes) have better patient tolerance.
16. Mechanical Bowel Preparation alone is not sufficient to bring about a decrease in wound infection rates. If Mechanical Bowel Preparation is given, oral antibiotics should be given along with the bowel preparation. This is best done with neomycin and metronidazole.

Reference:

Doctors of BC, Specialist Services Committee, BC ERAS Collaborative (June 1, 2015). **British Columbia Enhanced Recovery After Surgery (ERAS) Collaborative Guidance on Mechanical Bowel Preparation**