

# Colorectal Surgery ERAS Protocol: Mad Lib Edition

1. Noun
2. Verb - Present Ends In Ing
3. Number
4. Adjective
5. Noun
6. Noun
7. Noun
8. Verb - Base Form
9. Noun
10. Noun
11. Adverb
12. Noun
13. Noun
14. Adjective

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Patients should receive preadmission \_\_\_\_\_ Noun to help prepare them for surgery and set expectations.

Although this is standard practice, there is no evidence that \_\_\_\_\_ Verb - Present ends in ING at least 12 hours before

surgery improves outcomes. Instead, it is now recommended to reduce fasting time for liquids to

\_\_\_\_\_ Number hours before surgery. The protocol recommends using \_\_\_\_\_ Adjective acting anesthetic agents. A mid-thoracic epidural activated before surgery blocks \_\_\_\_\_ Noun hormone release and lessen postoperative insulin resistance. Addition of \_\_\_\_\_ Noun to the thoracic epidural infusion can improve analgesia and decrease systemic opioid-related side effects. Using a laparoscopic technique for colon resection to minimize the size of incisions decreases the risk of \_\_\_\_\_ Noun infection. It can also \_\_\_\_\_ Verb - Base Form up the bowel movement process, a requirement for discharge. \_\_\_\_\_ Noun increases insulin resistance, muscle loss, and decreases muscle strength. A more active recovery can reduce \_\_\_\_\_ Noun and increase lean body composition in the week following surgery although the comparison to a more relaxed recover is less drastic at 30-90). It's suggested to use epidural local anesthetic or local anesthetic-opioid techniques for 2-3 days

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\_\_\_\_\_ Adverb. Use of epidural analgesia can help speed up gut mobility after surgery and prevent postoperative \_\_\_\_\_ Noun. High \_\_\_\_\_ Noun intake during and after surgery can slow gastrointestinal function. If intravenous opioid analgesia was necessary, an \_\_\_\_\_ Adjective medication (alvimopan) can help accelerate gastrointestinal recovery.