CLINICAL PATHWAY

Surgical Services

Recurring Ventral Hernia
Recurring Ventral Hernia

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INTRODUCTION

This clinical pathway supports optimal care of patients experiencing recurring ventral hernia by standardizing the process of clinical care based on available best evidence, and by reducing the risk of harm that may occur due to unnecessary variations in clinical care. The pathway aims to reduce the length of stay, utilizing evidence-based practice, while providing safe, high-quality care.

Scope of this Pathway

This pathway is for patients with recurring ventral hernias requiring abdominal wall reconstruction surgery at Christiana Care Health System.

Pathway Contacts

The content of this pathway is developed and maintained by the Surgical Services service line of Christiana Care Health System. Questions or feedback about the content may be directed to:

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CLINICAL PATHWAY

1. Patient Identification.
2. Consult with general surgeon and plastic surgeon.
3. Referral to Perioperative Pre-Optimization Center:
   A. Patient risk stratification, contact with nurse practitioner.
   B. Possible visit to Perioperative Pre-Optimization Center.
   C. Perioperative Evaluation & Preparation team processing.
4. Prehabilitation optimization.
5. Procedure.
   A. Goal-directed fluid therapy.
   B. GI recovery.
   C. Pain management.
   D. Mobilization.
   E. Wound healing.
6. Postoperative hospital recovery.
7. Recovery post-discharge at home or skilled nursing facility.
8. Outcome recovery.
PATHWAY ALGORITHMS

ALGORITHM 1: RECURRING VENTRAL HERNIA PATIENTS

Recurring Ventral Hernia Patients

<table>
<thead>
<tr>
<th>Phase</th>
<th>60 Day Time Period</th>
<th>90 Day Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Referral</td>
<td>Primary Surgeon visits</td>
<td>Co-Surgeon visits</td>
</tr>
<tr>
<td>Complete consult for surgery</td>
<td>Complete consult for surgery</td>
<td>Program Pre-Optimization Center</td>
</tr>
<tr>
<td>PEPO Pre-Op</td>
<td>Pre-Optimization center confirms visit</td>
<td>Complete Consult for surgery</td>
</tr>
<tr>
<td>Complete PEPO Pre-Op with patient</td>
<td>Review education materials for the procedure</td>
<td>Surgeon sees patient</td>
</tr>
<tr>
<td>Post-op consult with patient &amp; family</td>
<td>Prehabilitation as necessary for patient</td>
<td>Patient is discharged to home or skilled nursing facility</td>
</tr>
<tr>
<td>Diagnostic tests, consults completed as necessary</td>
<td>Review education materials for the procedure</td>
<td>Patients are monitored for 90 days post discharge</td>
</tr>
</tbody>
</table>
ALGORITHM 2: PERIOPERATIVE GOAL-DIRECTED FLUID THERAPY

**Perioperative Goal-Directed Fluid Therapy**

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**Stroke Volume (SV) Protocol**

1. Measure Stroke Volume
2. 250 ml fluid bolus over 5-10 minutes
3. **Yes**
   - Stroke Volume increase > 10%
   - Consider albumin for increasing crystalloid requirements
4. **No**
   - Monitor Stroke Volume for clinical signs of fluid loss
   - If SV unchanged after fluids & hypotension persists, consider pressor

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May repeat fluid bolus X1.
Max bolus preop 500 ml in Prep & Holding
Contact anesthesiologist if additional fluid is needed.
**Algorithm 3: Intraoperative Goal-Directed Fluid Therapy**

**Intraoperative GDFT**
Using Edwards monitor or Deltex Esophageal monitor

**Stroke Volume (SV) Protocol**

1. Measure Stroke Volume

2. 250 ml fluid bolus over 5-10 minutes

3. Stroke Volume increase > 10%
   - Yes: Consider albumin for increasing crystalloid requirements
   - No: Continue to monitor Stroke Volume for clinical signs of fluid loss

4. If SV unchanged after fluids & hypotension persists, consider pressor. Notify surgeon if pressor started.
HEALTH EQUITY CONSIDERATIONS

Patients speaking a language other than English as their first language will be referred to Christiana Care Language Services to plan for an interpreter the day of surgery and through patient stay. Patients with hearing or visual impairment will be referred to Language Services for assistive devices for use during their hospital stay.

Family is integral to patient health, and family members are encouraged to attend preoperative visits and receive instructions along with the patient. Patient and Family Centered Care is one of the core concepts at Christiana Care.
CLINICAL EDUCATION

- Goal Directed Fluid Therapy Resources
- Hemodynamic Monitoring (PowerPoint)
PATIENT EDUCATION MATERIALS

- Smoking Cessation (PDF).
- Exercises after Surgery (PDF).
- Advance Directives Living Will and Decision Maker (PDF).
- Blood Transfusion Information.
- Fall Prevention in Hospitals.
- Pain Management (PDF).
- Deep Vein Thrombosis: DVT Prevention (PDF).
REFERENCES

ACKNOWLEDGEMENTS

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THE CHRISTIANA CARE WAY

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.