

Enhanced Recovery After Surgery (ERAS) Plastic Surgical Pharmacology Protocols

The following is a pharmacologic summary of many of the agents used in plastic surgery. Please note intravenous Ibuprofen (Caldolor) has the safest profile among the nonsteroidal anti-inflammatory agents and has not shown to cause bleeding given pre-operative and/or post-operative.

Pre-Operative

- Acetaminophen (Tylenol) 1000 mg oral or Acetaminophen (Ofirmev) 1000 intravenous
- Celecoxib (Celebrex) 400 mg oral or Ibuprofen (Caldolor) either 400 mg or 600 mg or 800 mg intravenous (note: the initial does of Caldolor depends upon the anticipated length of the operative case)
- Omeprazole (Prilosec) 40 mg oral or Famotidine (Pepcid) 20 mg intravenous
- Gabapentin (Neurontin) 300 mg oral

Intra-Operative

The following are dosed and given according to the anesthesiologist with an awareness to avoid inhalation agents and depolarizing agents:

- Propofol (Diprivan) intravenously
- Dexmedetomidine (Precedex) intravenous
- Midazolam (Versed) intramuscular or intravenous
- Ketamine intramuscular or intravenous
- Dexamethasone (Decadron) 8 mg intravenous alleviates post-operative nausea/vomiting and decreases swelling in facial surgery

Post-Operative

- Acetaminophen (Ofirmev) 1000 mg intravenous
- Ketorolac (Toradol) 30 mg intravenous and/or intramuscular or Ibuprofen (Caldolor) 800 mg intravenous
- Ondansetron (Zofran) 8 mg intravenous for nausea/vomiting

Disclaimer: The preceding methods are not required. They are recommendations from the ASAPS Patient Safety Committee as of January 2019 and do not establish a standard of care. You may download this document and any updates at www.surgery.org/downloads/scissors-on-the-seam/ERAS.pdf to tailor to your specific practice. ©2019 American Society for Aesthetic Plastic Surgery. All rights reserved.

