

# **TSI Care Pathway Standardization: Pneumonectomy**

## **To supplement TSI BestPractice components**

**Points of Care Endorsed by: TSI Executive Committee 12/09/14 & TSI 4<sup>th</sup> Meeting 2/23/15**

1. Dx / Staging
  - a. Usual diagnostic / staging algorithm as per TSI pulmonary resection standardized care document
    - i. Invasive mediastinal staging
  - b. Definitive pathologic diagnosis prior to performing pneumonectomy
    - i. If not, clear documentation wrt reason
  
2. Risk assessment
  - a. ppo FEV1 or DLCO < 50% predicted
    - i. Quantitative perfusion scan &/or CPET
  - b. Cardiac optimization
    - i. ECHO &/or cardiology consult
  - c. Laryngeal dysfunction assessed
  
3. Preop
  - a. Anesthesia coordination
  
4. Intraop
  - a. Afib prophylaxis
    - i. Consider amiodarone
    - ii. Electrolyte optimization
    - iii. Assure continuity of preop B blocker
      1. JTCVS 2014 148:772-91.
  - b. Protective ventilation
    - i. F IO<sub>2</sub> 0.5,
    - ii. V T 6 mL/kg

## TSI Care Pathway Standardization: Pneumonectomy Continued

- iii. positive end-expiratory pressure 5 cm H<sub>2</sub>O
      - iv. pressure-controlled ventilation
        - 1. CHEST 2011; 139:530–537
    - c. Minimize intraop fluid administration
    - d. Bronchial stump
      - i. Reinforcement w flap
        - 1. Especially R
5. Postop
- a. Telemetry
  - b. NPO until VC function assessed (L resections or R EPP) to minimize aspiration risk
  - c. CXR on discharge
6. Out patient
- a. Weekly clinic visits for 1 month encouraged
    - i. CXR each visit
      - 1. ATS 2001;72:1855-60.
7. Additional points of consideration but not mandated (honorable mention)
- a. Risk assessment
    - i. CPET
    - ii. Stair climbing
    - iii. Hgb
    - iv. Phrenic nerve function
  - b. Preop
    - i. Pulmonary rehab
    - ii. Smoking cessation
    - iii. Consultations prn:
      - 1. Pulmonary
      - 2. Cardiology
      - 3. Infectious Disease if septic lung disease

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- iv. Nasal mupirocin
- c. Intraop
  - i. LN dissection & FS evaluation prior to pulmonary parenchymal resection
  - ii. Pulmonary artery management
    - 1. Control early in case
  - ii. Trial clamping main PA
    - 1. 3 min
  - ii. Solumedrol 250 mg 5 min prior to clamping/dividing PA
    - 1. ATS 2003;76:1029 –35
- d. Outpatient
  - i. Rehab