

Supplementary Table 1. Memorial Sloan Kettering Cancer Center colorectal ERAS program. All interventions are modified as clinically appropriate based on patient factors and perioperative course.

<p>Narcotic-sparing analgesic strategies</p> <ul style="list-style-type: none">• Pre-operative interventions<ul style="list-style-type: none">• Alvimopan• Gabapentin• Transversus abdominis plane block or epidural• Intra-operative interventions<ul style="list-style-type: none">• Transversus abdominis plane block (if not performed pre-operatively)• Ketamine or dexmedetomidine infusion• IV acetaminophen, +/- IV ketorolac• Postoperative interventions<ul style="list-style-type: none">• Scheduled PO acetaminophen• Scheduled NSAIDs<ul style="list-style-type: none">• Ketorolac IV x24h, then diclofenac or ibuprofen PO• Scheduled PO gabapentin
<p>Fluid status</p> <ul style="list-style-type: none">• Preoperative interventions<ul style="list-style-type: none">• Hydration: Clearfast (or 12 oz clears) 2 hours prior• Intraoperative interventions<ul style="list-style-type: none">• Goal-directed intravenous fluid (IVF) management• Postoperative interventions<ul style="list-style-type: none">• POD #0: KVO IVF• POD #1: Cap off IV
<p>Early feeding</p> <ul style="list-style-type: none">• POD #0: Full liquid diet• POD #1: Regular diet as tolerated
<p>Early mobilization</p> <ul style="list-style-type: none">• POD #0: Out of bed to chair• POD #1: Ambulate• POD #1: Discontinue urinary catheter

POD, postoperative day. KVO, keep vein open.