

**Table S1** Components of ERATS protocol at the University of Miami

## Preoperative consultation

- Extensive counseling of patients and family members about operative plans
- Realistic expectation of postoperative recovery & multimodal pain management
- Printed information booklet with instructions

## Preoperative clinic visit

- Complete review of medical & anesthesia history
- Preoperative clearance
- Routine preoperative instructions
- 2 bottles of carbohydrate drinks, 2 hours before surgery

## Perioperative care

- Acetaminophen 1,000 mg (1 hour prior to surgery)
- Gabapentin 100 mg (1 hour prior to surgery)
- Prophylactic antibiotics (Cefazolin 2 gm for <120 kg or 3 gm >120 kg; Vancomycin 1,000 mg for penicillin allergy)
- Anesthesia care: patient directed fluid management, anti-emetics
- Intercostal nerve blocks and infiltration of surgical wounds with local anesthetics with liposomal bupivacaine

## Postoperative care

## Analgesics

- Acetaminophen 1000 mg per os (PO) Q (every) 8h
- Tramadol 50 mg PO Q6h
- Ibuprofen 600 mg PO Q8h post-operatively or Toradol 15 mg Q6h IV PRN for 2 days (if no medical contraindications) timing of first dose at the discretion of the attending surgeon
- Gabapentin 100 mg PO Q8h
- Oxycodone 5 mg PO Q6h as needed (PRN) (pain scale: 4–6)
- Oxycodone 10 mg PO Q6h PRN (pain scale: 7–10)
- Morphine 2 to 4 mg IV Q6h PRN or Hydromorphone 0.5–1.0 mg IV or 2–4 mg p.o. Q6h PRN for breakthrough pain
- Heparin 5,000 U subcutaneous Q8h
- Metoprolol 12.5 mg Q12h (if not already on a beta-blocker following anatomic resections)
- Tamsulosin 0.4 mg daily (>50 years old)
- Bowel regimen (Colace & Dulcolax scheduled; Miralax & Milk of magnesia PRN)
- Incentive spirometer & ambulation on POD 0
- Regular diet on postoperative day 1
- Assessment for home oxygen requirement (to prevent discharge delays)
- Chest tube removal (postoperative day (POD) 1–2, when volume <5 mL/kg/day)
- Foley catheter removal (POD 2)
- Intravenous fluid 1 mL/kg until voiding

## Discharge plan

- Verbal & printed discharge instructions
- Contact ARNP or physician's office for advice and management of excessive neuropathic pain
- Post-discharge analgesics
- Acetaminophen 1,000 mg PO Q8 h for 20 days
- Tramadol 50 mg PO Q6h for 3 days (12 tablets; if used postoperatively in-hospital)
- Gabapentin 100 mg PO Q8 h for 60 days (30 days supply refill ×1); titrating up to address post-discharge neurogenic pain
- Ibuprofen 600 mg PO Q8h for 20 days
- Oxycodone 5 mg PO Q6 h PRN for 3 days (12 tablets; if used postoperatively in-hospital)
- Pantoprazole 40 mg PO daily for 20 days

PO, per os; IV, intravenous; POD, post-operative day; PRN, as needed; Q, every; h, hour; ARNP, advanced registered nurse practitioner.