

Table S1 Components of ERATS Protocols 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, manifestation of neuropathic pain and its management
 Printed information booklet with instructions

Preoperative Clinic Visit

Complete review of medical & anesthesia history
 Preoperative clearance
 Routine preoperative instructions

Perioperative Care

Acetaminophen—1,000 mg (1 hour prior to surgery)
 Gabapentin—100 mg (1 hour prior to surgery)
 Prophylactic antibiotics (Cefazolin 2 g for <120 kg or 3 g >120 kg; Vancomycin 1,000 mg for penicillin allergy)
 Anesthesia care: patient directed fluid management, prophylaxis for postoperative nausea-vomiting (PONV)
 Intercostal nerve blocks and infiltration of surgical wounds with local anesthetics (30 mL of injectable 0.9% NaCl saline solution admixed with 20 mL of liposomal bupivacaine); 30 mL is used for subpleural infiltration of 2nd-10th intercostal spaces (ERATS-V1)

Intercostal nerve blocks and infiltration of surgical wounds with local anesthetics (30 mL of 0.25% bupivacaine admixed with 20 mL of liposomal bupivacaine); 30 mL is used for subpleural infiltration of 2nd-10th intercostal spaces (ERATS-V2)**Postoperative Care**

Analgesics
 Acetaminophen 1,000 mg PO Q8h
 Tramadol 50 mg PO Q6hrs PRN (pain scale <4) (ERATS-V2)
 Ibuprofen 600 mg PO Q8h post-operatively or Toradol 15 mg Q6hrs IV PRN for 2 days (if no medical contra-indications); replaced by celecoxib 200 mg Q12h starting 2/1/2022; timing of first dose is at the discretion of the attending surgeon
 Gabapentin 100 mg PO Q8h; titrating higher doses based on tolerance to achieve control of neuropathic pain
 Oxycodone 5 mg PO Q6h 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 Q 12 h (if not already on a beta-blocker following anatomic resection)
 Tamsulosin 0.4 mg QD (>50 years old)
 Bowel regimen (Colace & Dulcolax scheduled; Miralax & Milk of magnesia PRN)
 Incentive spirometer & ambulation on POD 0
 Regular diet as tolerated starting POD 0; ice cream to rule out chylothorax on POD0
 Assessment for home oxygen requirement (to prevent discharge delays) by checking for oxygen saturation \leq 90% on room air with ambulation
 Chest tube removal (no airleak off -20 cm suction on postoperative day 1, drainage is not sanguineous, 0.1 to 0.3 mL/kg/h for 6 h on day of tube removal)
 Foley catheter removal (POD 1)
 Intravenous fluid 1 mL/kg until first voiding following removal of Foley catheter
 Frequent pain assessment by nursing staff and APRN and appropriate administration of scheduled and PRN analgesics based on pain level; documentations of pain levels Q4h to Q6h using then visual analog pain scale

Discharge Plan

Verbal & printed discharge instructions regarding prescriptions, pain management especially signs and symptoms and therapy for neurogenic pain
 APRN telephone follow-up POD3 and POD7
 Contact ARNP or physician's office for advice and management of excessive neuropathic pain
 Post-discharge analgesics
 Acetaminophen 1,000 mg PO Q8hrs for 20 days
 Tramadol 50 mg PO Q6h for 3 days (12 tablets; if used postoperatively in-hospital)
 Gabapentin 100 mg PO Q8h for 60 days (30 days supply refill \times 1); titrated up to address neurogenic pain
 Ibuprofen 600 mg PO Q8h for 20 days
 Oxycodone 5 mg PO Q6h PRN for 3 days (12 tablets; if used postoperatively in-hospital)
 Pantoprazole 40 mg PO daily for 20 days
 Lidocaine patch 4% applied to affected area twice daily PRN

LipoB, liposomal bupivacaine; P.O., per os; q; every; PRN, pro re nata; U, units; POD, post-operative day; APRN, advanced practice registered nurse.