Protocol

ERAS Care model	Conventional Care model
Preoperative phase:	
Surgery counselling by gynaecological team, anaesthesia counselling by anaesthetic team. Preoperative optimization of co-morbid and haemoglobin (pre-operative target haemoglobin >10g/dL) Discontinue smoking and alcohol consumption 4weeks prior to surgery. OSA screening.	
Preoperative counselling involve setting expectation for recovery and initial discharge plan.	Counselling not involving setting expectation for recovery and initial discharge plan.
Preoperative allow low fat solid food up to 6hours prior to operation. Allow fluid up to 2hours prior to surgery.	Fasting 12midnight on the day of surgery regardless timing of operation.
Carbohydrate drinks at 2 hours prior to surgery.	No carbohydrate drink prior to surgery.
No intravenous fluid administration prior to surgery.	Intravenous fluid administration at rate of 1-3cc/kg/hour once subject kept nil by mouth.
IV broad spectrum antibiotic within 1hour prior to starting surgery. Gastric emptying preparation and postoperative nausea and vomiting preparation 30minutes to 1hour prior to start induction: - IV Omeprazole 40mg - PO Sodium citrate 30cc - IV Metoclopramide 10mg	
Skin and vaginal cleaning with chlorhexidine 4%.	Skin cleaning with povidone, vaginal cleaning with chlorhexidine 4%.
Intraoperative phase:	
Postoperative nausea and vomiting prophylaxis with IV Dexamethasone 4mg-8mg (4mg for diabetic subject) in post induction, IV Ondansetron 4mg at case end.	
General anaesthesia will be achieved by short acting inhalation gas desflurane. Induction using IV Propofol 2-3mg/kg. Neuromuscular blocking agent by using IV Rocuronium 0.6-1.2mg/kg.	
Multimodal analgesia with opioid-free or opioid sparing. IV Parecoxib 40mg. Adjuvant analgesia IV Ketamine is used.	Synthetic opioid IV Fentanyl and morphine are used.
Laparoscopic port site infiltration with 0.25% Bupivacaine 10-20mL during skin closure.	

Aim euvolemic with intraoperative fluid infusion crystalloids at rate of 1-3mL/kg/hour. Discontinue fluid at case end.	Aim euvolemic with intraoperative fluid infusion crystalloids at rate of 1-3mL/kg/hour. Intravenous fluid continue until subject tolerate orally.
Mechanical thromboembolism prophylaxis is practiced.	Mechanical thromboembolism prophylaxis is not practiced.
Postoperative phase:	
Postoperative analgesia: Tablet Paracetamol 1g 6hourly and oral non-steroid inflammatory drug (NSAIDs). If opioids used for breakthrough pain and upon patient's request will be recorded.	
Discontinue of urinary catheter within 24hours post operation unless contraindicated.	
Encourage early return to normal diet within 24hours unless contraindication.	
Encourage early ambulation once fully conscious.	