

SUSAN DABU-BONDOC, M.D.

ASA ANNUAL MEETING

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**ENDING A MAJOR SURGERY DISSATISFACTION –  
POSTOPERATIVE NAUSEA AND VOMITING**

New Orleans — A study presented at the 2009 meeting of the American Society of Anesthesiologists seeks to quell a major patient fear when entering the surgical suite – the occurrence of postoperative nausea and vomiting (PONV).

As previous studies found that the administration of oral carbohydrate and intravenous fluids before surgery resulted in decreased PONV following surgery, Susan Dabu-Bondoc, M.D., Nalini Vadivelu, M.D., Jessica L. Feinleib, M.D., and colleagues from the Yale School of Medicine and Yale New Haven Hospital designed a study to determine if the rate of PONV can also be decreased by the postoperative administration of dextrose, a form of glucose.

“As one of the most common postoperative complications, PONV remains one of the main causes of decreased patient satisfaction following surgery,” said Dr. Dabu-Bondoc. “Along with discomfort, the adverse effects of PONV can be extensive and may include aspiration, wound suture opening, prolonged hospital stays, unanticipated admission after outpatient surgery and delayed return of a patient’s ability to function in daily activities.”

To test the effect of postoperative dextrose administration, researchers conducted a double-blind randomized placebo –controlled trial of 56 non-diabetic, healthy ambulatory surgery patients scheduled for gynecologic laparoscopic and hysteroscopic procedures.

Consenting patients were randomized into two equal groups- a treatment group which received dextrose 5 percent in a ringer’s lactate solution (D5 LR) and a control group that received plain ringer’s lactate solution. Both were administered immediately after surgery and continued as patients were admitted to the postoperative care unit (PACU). All patients

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underwent a sevoflurane-vecuronium general anesthesia and received one dose of an antiemetic, a drug effective against nausea and vomiting 30 minutes before the end of anesthesia.

Results showed that patients who received the dextrose solution had significantly lower PONV scores 30 minutes after arriving the in the PACU, at discharge and lower overall PONV scores than the control group. Patients receiving dextrose also required fewer doses of antiemetic medication in the PACU and were discharged from the PACU faster when compared to the control group.

“This trial demonstrates that administration of dextrose following surgery significantly decreases PONV and the need for anti-emetic medication in the PACU, and may possibly decrease PACU length of stay, summarized Dr. Dabu-Bondoc.

“In light of the ease and low risk of administration of dextrose postoperatively and its apparent benefit to patient care and satisfaction, this therapeutic treatment should be considered in an attempt to prevent or reduce PONV for patients in the immediate recovery period, “ said Dr. Dabu-Bondoc. “The exact mechanism by which perioperative administration of carbohydrate affects PONV is the next step for further investigation in the occurrence and development of preventative treatment for PONV.”

### **The American Society of Anesthesiologists**

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