





DEPARTMENT OF OPERATION THEATRE AND ANAESTHESIA TECHNOLOGY 3rd YEAR

PAPER 2:PRINCIPLES OF ANAESTHESIA-2

TOPIC:NAUSEA & VOMITTING



• The incidence of post operative nausea and vomitting is 20% to 30% making it as the second most common complain after pain in the post operative period.



Risk Factors:

- Female gender: Three times more vulnerable than males.
- General Anaesthesia: Patient given GA has 4 times more incidence of PONV than patients who received regional anaesthesia. The most common reason may be opiods.
- Type of the surgery:Surgeries like middle ear surgeries,strabismus surgery,laproscopiess and adenotonsillectomy can incidence of nausea,vomitting as high as 30-40%
- Young Age: The incidence of PONVis much higher in adults as compared to old age.
- Non-Smokers:For unknown reasons non-smokers are 1.8 times more vulnerable than smokers to have PONV.



Treatment:



- Serotonin Antagonist: (Ondanseteron, granisetron) reamins the drug of choice for treatment as well as prophylaxis for PONV. Interestingly all are equally effective at equipotent doses.
- Metoclopromide:It is the preferred antiemetic for the conditions associated with high incidence of aspiration.
- Dexamethasone:Dexamethasone is long acting and studies suggest is efficacy similar to ondanseteron
- Apprepitant:It is a neurokinin receptor anatagonist.It is very effective antiememtic however its cost restrict its use
- Transdermal Scopolamine:Useful for preventing nausea and vomitting in high risk patients if applied anight before or early in the morning on the day of surgery.
- Droperidol: The serious side effect, ie QT prolongation which can precipitate tarsade pointes has not only lead to withdrawl of this drug from use but also has put droperidol in black box warming by FDA.



Usually one antiemetic is sufficient to treat PONV, Howeverif patient is not responding then as a rule antiemetic from another class should be choosen.



Spinal Complications:

 Nausea & Vomitting: This is most commonly because of hypotension causing central hypoxia therefore treating hypotension should alleviate nausea and vomitting. If not then antiemetics may be used.





THANK YOU