Measuring Post-Operative Nausea and Vomiting

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Introduction

This study was conducted in a prospective fashion, with pre- and post-protocol implementation patient data being gathered via chart review. Inclusion criteria were patients who had laparoscopic cholecystectomies. Information on how the ERAS protocol was developed was obtained from an interview with the LVHN anesthesiology attending who developed the protocol. Data analysis consisted of direct comparison of pre- and post-protocol implementation data, along with sub-group analyses.

Results Gathered

Information was gathered from the pre- and intra-operative period as well as the PACU period and included patient age, sex, BMI, history of post-operative nausea and vomiting (PONV), smoking history, length of volatile gas, narcotic and non-narcotic analgesic type and amount, anti-emetic type and amount, total amount of propofol, muscle relaxant type and amount, fluid status, surgical complications, PACU pain score, PACU emesis, and length of PACU stay.

Problem Statement

The lack of standardized evidence-based practice of anesthesiology has led to the development of an enhanced recovery after surgery protocol that seeks to narrow practice patterns with the goal in mind of minimizing the amount of narcotics given intra-operatively and in the PACU, minimizing post-operative nausea and vomiting, decreasing the length of stay in the PACU, improving patient satisfaction of pain control, and allowing earlier patient mobilization and faster recovery.

Methods

This study was conducted in a prospective fashion, with pre- and post-protocol implementation patient data being gathered via chart review. Inclusion criteria were patients who had laparoscopic cholecystectomies. Information on how the ERAS protocol was developed was obtained from an interview with the LVHN anesthesiology attending who developed the protocol. Data analysis consisted of direct comparison of pre- and post-protocol implementation data, along with sub-group analyses.

Conclusion

A decrease in PACU time and administered PACU narcotics was found. This data may lead to increased buy-in from other anesthesiology and surgery attendings for the use of the ERAS protocol. In addition, other ERAS protocols may be developed for other abdominal surgeries that require more recovery time. This could result in more savings for LVHN and higher rates of patient satisfaction.