Post Operative Nausea and Vomiting (PONV) is a common complication after surgery, affecting up to 50% of patients. Effective prevention strategies can significantly reduce the incidence and severity of postoperative nausea and vomiting (PONV). This paper aims to review the current understanding of PONV and the available prevention strategies.

Methods:

The study was a systematic review of the literature published in English until October 2019. PubMed, EMBASE, and Google Scholar were searched using relevant keywords.

Results:

PONV is a common postoperative complication, affecting up to 80% of patients undergoing major surgery. The primary risk factors are patient characteristics, surgical procedures, and anesthesia techniques. Standard prophylaxis includes administration of ondansetron, a 5HT3 receptor antagonist, alone or combined with dexamethasone.

Conclusion:

Appropriate prophylaxis can effectively reduce the incidence and severity of PONV. Further research is needed to identify individual patient characteristics and surgical procedures that may influence the risk of PONV and to develop more effective prevention strategies.

References:


آتروین و نوسانات ویژه و جویان علائم لازم لوله در این بیماری پیش‌آمده می‌باشد.

پیمانه در ریکاوری و در پی نخست از نظر بروز و دفعات تهوع و استفراغ و درمان داروی ضعف تهوع نوع دو و پرسیات که تنها به کم‌توجهی نوع بوده در بیمارستان و احراز معایب، دفعات و درصد بیماران نشان داده شد و در نهایت از یونیت یا بستری


dسیاست‌گرایی

این مطالعه حاصل یکی از پایان نامه دکترای عمومی در دانشگاه علوم پزشکی زاهدان بود که به میزان ۹۹۹ می‌باشد.
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A comparative study of different doses of dexamethasone on postoperative nausea and vomiting following anesthesia for cataract surgery

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Background: Postoperative nausea (PONV) and vomiting is the most common complication after surgery that might prolong discharge time and cause some morbidity. Dexamethasone can effectively reduce PONV. This study was conducted to evaluate the efficacy of different doses of dexamethasone on PONV.

Materials and Method: In a double blind clinical study we investigated the efficacy of three doses of dexamethasone (0.1mg/kg, 0.3mg/kg, 0.5mg/kg) in ASA class I or II patients randomly allocated into three groups for cataract surgery. The patients were tracked for the frequency of development of PONV in the recovery room and the ward and were compared accordingly.

Results: The patients were similar with respect to demographic parameters and duration of anesthesia. PONV occurred in 4%, 4% and 6% in patients in the 0.1mg/kg, 0.3mg/kg and 0.5mg/kg group, respectively (p = 0.577)

Conclusion: We concluded that lower doses of dexamethasone could reduce PONV as much as higher doses. We suggest the lowest dose to reduce both the cost and side effects. [ZJRMS, 13(5): 8-11]

Keywords: Nausea, vomiting, dexamethasone, cataract surgery

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