

## Two alternative treatments may help relieve postoperative nausea

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Two simple, non-drug treatments—aromatherapy and intravenous administration of a simple sugar solution—may offer effective new approaches to relieving nausea and vomiting after surgery, report a pair of studies in the September issue of *Anesthesia & Analgesia*, official journal of the International Anesthesia Research Society (IARS).

"Aromatherapy is promising as an inexpensive, noninvasive treatment for postoperative <u>nausea</u> that can be administered and controlled by patients as needed," according to a research report by Dr Ronald Hunt of Carolinas Medical Center University, Charlotte, NC, and colleagues. The second study suggests that intravenous dextrose solution is also useful in managing the common problem of postoperative <u>nausea and vomiting</u> (PONV).

## **Aromatherapy Reduces Nausea after Surgery**

In the aromatherapy study, 301 patients reporting nausea after surgery were randomly assigned to receive one of four types of aromatherapy. Two groups received true aromatherapy, with essential oil of ginger or a blend of aromatherapy oils (ginger, spearmint, peppermint, and cardamom) placed on a gauze pad.

The other two groups received gauze pads with non-aromatherapy solutions: either rubbing alcohol or, as an odorless placebo, <u>saline</u> <u>solution</u>. Rates of subsequent nausea and vomiting and need for anti-



nausea (antiemetic) medications were compared between groups.

Patients receiving the two aromatherapy treatments had lower nausea scores, compared to those receiving the placebo saline solution. In contrast, rubbing alcohol had no significant effect on nausea, compared to saline solution. Patients receiving aromatherapy were also less likely to require antiemetic drugs.

The aromatherapy blend was somewhat more effective than ginger only. About 80 percent of patients receiving the blend had improvement in nausea, compared to about 70 percent with ginger only (versus 40 to 50 percent with saline solution or rubbing alcohol).

## **Promising Results with IV Dextrose Solution**

In the second study, Dr Susan Dabu-Bondoc and colleagues of Yale School of Medicine evaluated intravenous administration of a five percent solution of dextrose—a simple sugar—for prevention or treatment of PONV. Immediately after surgery, 62 patients were randomly assigned to receive the dextrose solution or standard IV fluid.

Postoperative nausea scores were not significantly different between groups. However, patients receiving intravenous dextrose needed less antiemetic medications than those receiving standard IV fluids. Patients in the IV dextrose group were also ready for discharge from the recovery room a little earlier.

Postoperative nausea and vomiting is a common complication, occurring in up to one-third of untreated surgical patients. It's a problem that's not only unpleasant for patients and associated with increased costs for antiemetic medications, but is also linked to prolonged hospitalization and an increased risk of readmission. Effective, non-drug approaches to preventing and managing PONV are needed.



The new results suggest that aromatherapy is a simple and effective treatment for <u>patients</u> developing nausea after surgery. "[A]romatherapy as a fast-acting agent either alone or combined with antiemetic medications merits additional research in the treatment of nausea," Dr Hunt and coauthors conclude.

Given immediately after surgery, IV dextrose doesn't reduce postoperative nausea scores. However, it may be effective in reducing the need for antiemetic drugs and shortening time in the recovery room. Dr Dabu-Bondoc and colleagues write, "This form of PONV therapy has a low side effect profile, is easily accessible, and is inexpensive."

More information: <a href="http://www.anesthesia-analgesia.org/content/117/3">www.anesthesia-analgesia.org/content/117/3</a>

## Provided by Wolters Kluwer Health

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