INCIDENCE OF POST-OPERATIVE NAUSEA AND VOMITING AFTER GYNAECOLOGICAL SURGERY IN KORLE BU TEACHING HOSPITAL.

Tahiru Zan-nairah,[1] Baddoo Prof Henry[2]

1.Korle Bu Teaching Hospital, Anaesthesia, Accra, Ghana.
2.University of Ghana Medical School, Anaesthesia, Accra, Ghana.

Background and Objectives

Post-operative nausea and vomiting (PONV) is a common complication following gynaecological surgeries, leading to discomfort, delayed recovery, and increased healthcare costs.[1]

However, the risk factors specific to this population remain inadequately characterised, especially in resource-limited settings. [2,3]

The aim of the study was to estimate the incidence of post-operative nausea and vomiting among gynaecological patients and to identify some risk factors associated with its occurrence.

Methods

Main entrance of Korle Bu Teaching Hospital(KBTH)

Allied ward E (Gynae ward)

Gynaecology theatre, KBTH

This prospective study was conducted at Korle Bu Teaching Hospital involving 90 women scheduled for elective gynaecological surgeries.

Data on demographics, past medical, surgical, gynaecological and obstetric history and intraoperative or postoperative management details were obtained. They were followed up for 48 hours for the occurrence and severity of PONV.

Incidence was expressed as percentages. Risk factors associated with incidence of nausea and vomiting were assessed using Pearson's chi-square or fishers' exact test. The presence or absence of nausea and vomiting was the dependent variable.

Confidence interval of 95% and a probability level of >0.05 was considered statistically significant.

Key words: Post-operative nausea and vomiting, Gynaecological surgery, incidence, Risk factors.

zannarah@yahoo.com

Results

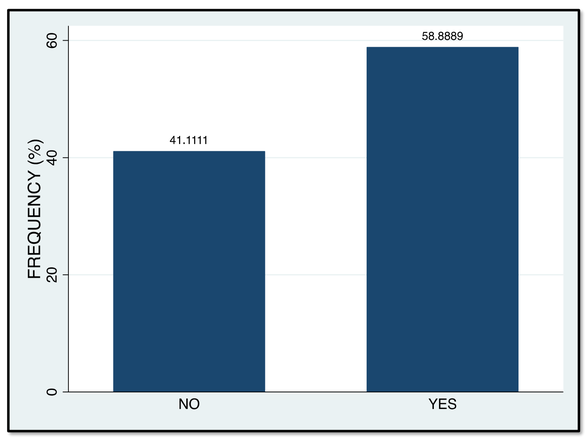

Figure 1: Bar chart showing the incidence of nausea only.

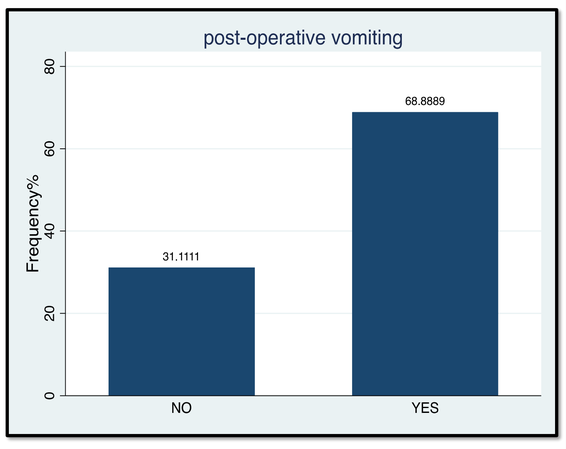

Figure 2: Bar chart showing the incidence of PONV.

Table 1: Incidence and Severity of PONV and Nausea

Parameter	Percentage/Range
Incidence of PONV	68.89%
Incidence of nausea alone	58.9%
Severity of nausea (mild)	26.7%
Severity of nausea (moderate)	23.3%
Severity of nausea (severe)	8.9%
Vomiting episodes (mean) episodes	2.8
Vomiting episodes range	1 to 12

Table 2: Summary of risk factors associated with PONV (p > 0.05)

Risk Factor	Observed Trend
Age (30-50 years)	Increased risk
BMI (normal/overweight)	Increased risk
Parity (Lower parity)	Increased risk
History of heavy menses, menstrual pain.	Increased risk
Surgery duration (>3 hours)	Increased risk
Opioid use (intra/post-operative)	Increased risk
ASA 1 and 2	Increased risk

Discussion and Conclusion

The incidence of post-operative nausea alone was 58.9% while that of nausea and vomiting was 68.89%. This is higher than findings by Amponsah et al. in 2010 (34%).[3] Peri-operative factors observed to increase patient's likelihood of developing PONV were, age 30 and 50yrs, normal and overweight patients, lower parity, history of heavy menses and lower ASA score. These observed associations were however not statistically significant.

Treatment of PONV was not pre-emptive and only 18.9% of patients with PONV received treatment.

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