A5-17: Post Discharge Nausea and Vomiting (PDNV) in Ambulatory Surgical Patients: Incidence and Management Strategies

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Abstract:
Introduction: Over 34 million patients undergo ambulatory surgery annually in the U.S with at least one third experiencing post discharge nausea and vomiting. There is a paucity of research that describes the incidence and severity of PDNV, an underreported condition that can affect quality of recovery, has the potential for morbidity and hospitalization in high-risk patients, and impacts patient satisfaction. With more than 60% of all surgeries performed in the ambulatory setting and millions of patients experiencing PDNV every year, it is imperative that we look more closely at incidence, management strategies, and outcomes for these patients.

Method(s): A convenience sample of 2170 adult patients who received general anesthesia at twelve ambulatory surgery sites throughout the U.S. were followed for 48 hours post discharge. A subset of 260 patients from two of the twelve sites were followed for 7 days. Participants were asked to provide self-reported data including demographics, medical and surgery-related history, and to answer questions rating distress caused by pain, nausea, and vomiting; how these symptoms impaired their functional living and satisfaction, and the frequency of symptoms and actions taken to alleviate symptoms. Postoperative data was assessed using standardized questions about severity of symptoms per time interval on an 11-point numeric rating scale.

Results: Preliminary findings show an overall incidence of 44.5% of PDNV. Of the 2170 patients, 38.1% experienced post discharge nausea and 10.8% vomited at least once on Day of Surgery. On day seven, 7.3% of 260 patients continued to experience nausea with 1.2% reporting emesis. Quality of life was significantly related to incidence of PDNV. Further analysis will detail severity of PDNV for 7 days and compare outcomes of patients who used pharmacologic and nonpharmacologic modalities of care.

Discussion & Conclusions: PDNV affects a considerable number of patients and is related to patient perception of quality of life. Treatment of this complication should extend well beyond discharge. Additional research is needed that identifies long-acting antiemetics, nonpharmacologic methods of control, patient education techniques, and other factors that impact ambulatory surgery patients.

Abstract History:
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