



Possible prevention of postoperative nausea and vomiting

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Letter to Editor

Postoperative Nausea and Vomiting (PONV) are frequently reported. Prominence following cardiac surgery and particularly associated with pediatric adnexal surgery in non-menstruating females is less well documented but nonetheless anecdotally known to anesthetists and adnexal surgeons. Risk of PONV, based on four independent risk predictors, may be assessed using scoring systems such as Apfel [1]; however, Apfel is dependent upon age and guidelines are available for adults undergoing surgery [2].

Early postoperative fluid intake may influence PONV in certain cases [3]. Decreased rates of PONV is reported when carbohydrate-rich clear liquid beverage (apple juice, water, flat coke, and even black tea or coffee) is given 2-3 hours prior to surgery [4] and Enhanced Recovery after Surgery (ERAS) protocols are prevalent in the literature [5].

Adoption of early or preoperative fluid intake is not apparently widely accepted, nor is consensus on which fluid (or fluids) has the best results for decreasing possibility of PONV in pediatric adnexal surgery. It is a specifically focused clinical question that would be valuable to debate for the benefit of child patients as well for increasing the rate of postoperative nursing and discharge.

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