

A Novel Approach to Treat Postoperative Nausea and Vomiting (PONV) After General Anesthesia

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1. Short Communication

Postoperative nausea and vomiting (PONV) is an everyday problem in each recovery room [1]. The use of total intravenous anesthesia (TIVA) and the administration of dexamthasone and ondansetron helps to significantly reduce the incidence of PONV [2]. However, very few patients suffer from PONV despite of these measures. They seem to be resistant to any kind of treatment after the onset of nausea and/or vomiting.

Although the prophylactic intake of ginger is established to prevent motion sickness or sickness during hard exercise, there are only limited data on its value to prevent PONV: most studies focus on the treatment of PONV using ginger [3-5], without a consistent and significant effect. The prophylactic use of ginger, however, was only studied by Montazeri et al.: Although post-operative nausea was reduced in patients receiving capsules of ginger 1 hour prior to general anesthesia, there was no significant difference in the intensity of vomiting at any time [6].

We here present a female patient who had to undergo repetitive out-patient surgery under general anesthesia. Every single time, she suffered from postoperative nausea and vomiting, despite a total intravenous anesthesia (TIVA), and despite the prophylactic administration of dexamthasone and ondansetron after induction.

Each of the authors had a positive personal experience with the antiemetic effect of ginger administered per os prophylactically to prevent car- and seasickness or sickness during competitive sports (triathlon). We thus gave our patient pure ginger roots to chew for two days prior to surgery. Having done so, she did not even remotely suffer from nausea or vomiting. Instead, she was enjoying a full breakfast in recovery room.

We hypothesized that ginger is effectively preventing PONV. Consecutively, we used prophylactic ginger intake for two days prior to surgery in several more patients, with exclusively positive results. Although prospective randomised studies are still needed to prove our hypothesis, we think that our preliminary results are worth being shared with the community of caring anaesthetists.

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