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A Pilot Study Of Propofol As An Anti-Emetic In Laparoscopic, Gynecologic Surgery Patients.

Abstract
The goal of this project was to use sub-hypnotic doses of propofol to decrease post operative nausea and vomiting (PONV) rates in the immediate post-operative period in females, ages 18-65, undergoing laparoscopic gynecologic surgery.

PONV is one of the largest complications of anesthesia affecting 20-30% of all surgical patients. Risk factors associated with PONV are female gender, laparoscopy, general anesthesia, opioids, volatile agents, and post-operative pain; all of which are frequently encountered. The incidence of PONV can prolong recovery time, delay discharge, increase patient cost, decrease patient satisfaction, and can cause significant medical complications. Propofol has previously demonstrated anti-emetic properties; often being used in total intravenous anesthesia in patients with known PONV.

This pilot study investigated if the administration of a sub-hypnotic dose of propofol, as an anti-emetic during emergence period of anesthesia, affects PONV rates during the immediate post-operative period. A randomized, blinded, controlled comparison group study was conducted to investigate the use of propofol as an antiemetic. A group of 10 (N=10) ASA I or II patients, ages 18-65, undergoing laparoscopic, gynecologic surgery were examined using a verbal analog scale. These patients were randomly assigned to a control group which received Zofran™ only, or a treatment group which received Zofran™ and propofol.

A paired samples t-test failed to reveal a statistically reliable difference between the mean of the CX (M = 0, s = 0) and TX (M = 2.00, s = 4.472) group created during this pilot study, t(8) = 1.000, p = .174, α = .05. A chi-square test was performed and no relationship was found between the CX and TX groups in relation to vomiting, X2 (1, N = 10) = 1.111, p =0.146. Thus, the pilot study determined there was no statistical significance of preventing PONV with sub-hypnotic doses of propofol.