Jerry Mosley

The Effectiveness Of A Preoperative Multimodal Antiemetic Regimen On Reducing Early Postoperative Nausea And Vomiting In Total Joint Arthroplasty Patients

Abstract
Postoperative nausea and vomiting (PONV) occurs frequently in all types of surgeries including after total joint orthopedic procedures. The resulting PONV can lead to many unwanted occurrences including immobilization, distress, and many serious adverse health complications. These unwanted occurrences may then lead to increased cost to the patient and healthcare facility. Administration of a preoperative multimodal regimen known to reduce PONV has the potential to reduce such unwanted anesthetic side effects influencing a reduction in overall healthcare cost. The purpose of this study is to determine the effectiveness of the preoperative kit which includes the administration of metoclopramide, famotidine, ondansetron, and levoduboisine on PONV in patients undergoing total knee arthroplasty (TKA) and total hip arthroplasty (THA). Inclusion criteria would be patients between the ages of 18 to 60, male and female, American Society of Anesthesiologists (ASA) I and II health score, undergoing TKA or THA, and receiving the standard preoperative kit. Exclusion criteria would be those patients less than 18 or older than 60 years of age, ASA III or greater, hip or knee revisions, having significant blood loss, or significant hypotension. A retrospective chart review will be completed and data collected with respect to this specific patient population and the presence of PONV and need for antiemetic use. The percentage of PONV will be calculated for the specified patient population and compared to expected PONV percentage rates from evidence-based literature.