Is Dexamethasone 4 Mg A More Effective Anti-Emetic Than Dexamethasone 8 Mg For The Prevention Of Early Post-Operative Nausea And Vomiting In Women Undergoing Laparoscopic Gynecological Surgery?

Abstract
Postoperative nausea and vomiting (PONV) is a common problem in the surgical setting. It affects as much as 20 to 80 percent of patients undergoing surgery (D'souza, Swami, & Bhagwat, 2011). PONV can lead to increased patient costs and recovery time by causing the patient to stay in the healthcare facility for a longer period of time. A retrospective cohort study was completed to examine whether or not there was a significant difference between patients who received 4mg and 8mg of dexamethasone in the incidence of PONV. All patients studied received ondansetron intraoperatively as their primary anti-emetic. English speaking patients who met the following inclusion criteria were included in the retrospective chart review: those who are female, those have underwent laparoscopic gynecological surgery and received dexamethasone, those who are non-smokers, and those who are aged 18-60 with an American Society of Anesthesiologists (ASA) score of II or less. Patients that met the following exclusion criteria were not counted towards the chart review: those who are an ASA III or above, those who did not follow the recommended fasting time prior to surgery, those with a history of motion sickness, those with a history of PONV, those who are taking routine anti-emetics, those whose are deaf, those who are blind, those who are smokers, and those outside the age range for 18-60 years. Statistical analysis using a Chi-Square test was used to evaluate whether the patients receiving 4mg of dexamethasone experienced more PONV that those who received 8mg.