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ASA ABSTRACTS
Anesthesiology
V 75, No 3A, Sep 1990

TITLE: THE REDUCTION OF POST-SURGICAL NAUSEA AND VOMITING IN PATIENTS RECEIVING N2O
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The use of acupressure as an antiemetic has been documented in surgical procedures. It has been shown to be effective in eye surgery1, in minor gynecological operations2, and for pregnant women3. The purpose of this study is to determine if the application of acupressure to specific body points will reduce and/or eliminate the severity of nausea and vomiting experienced by patients undergoing outpatient surgical procedures who had received Nitrous Oxide (N2O) during anesthesia.

A total of 225 female patients (ASA I or II) undergoing outpatient or one day laparoscopy or laser gynecological surgery during the morning surgery sessions were recruited for this study. Seventy-five (75) patients will be recruited from each of three cooperating hospitals. A standardized anesthetic regimen was used for all patients: Sodium Pentothal, narcotic, muscle relaxant for intubation, N2O - 60%, oxygen (O2) carrier, and Isoflurane.

Following institutionally approved informed consent procedures, patients were randomized into one of three groups at each center. Group I patients received a pair of acupressure bands designed with a button to provide antiemetic effects. Group II received bands without buttons (to control for the presence of the bands). Group III received no bands.

Data on nausea, vomiting and headache was collected 1 hour, 4 hours and 24 hours post surgery using a modification of the McGill Pain Questionnaire4. A significant difference was found in the three groups. There is a clear advantage to the use of acupressure to reduce nausea and vomiting in this patient population.

References

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TITLE: AUTONOMIC NEUROPATHY AND Gastric VOLUME IN THE ANESTHETIZED PATIENT
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A speculation is that all patients with diabetes mellitus have some degree of diabetic autonomic neuropathy (DAN) which will cause gastroparesis and larger gastric volumes. To examine this hypothesis 42 fasting patients to undergo general anesthesia for elective surgery were divided into three groups - 14 controlled non-diabetic patients, 14 diabetic patients with DAN, and 14 diabetic patients without DAN. To determine the presence of DAN five autonomic cardiovascular function tests as described by Campbell et al were performed, (1) heart rate response to standing, (2) blood pressure response to standing, (3) heart rate variation during deep breathing, (4) heart rate response to Valsalva maneuver, and (5) blood pressure and heart rate response to isometric exercise. A diagnosis of DAN was made in those patients who had a positive response to four out of five tests. On all patients after induction a nasogastric tube was passed and two milliliters of gastric contents removed to determine pH. Two hundred fifty milli-