26388 - PROPHYLACTIC ANTIEMETICS AND INCIDENCE OF PONV IN MICROVASCULAR DECOMPRESSIVE SURGERY

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Background and Goals: PONV are common complication following Microvascular decompression of trigeminal nerve.^{1, 2} In addition to causing patient discomfort, PONV may delay discharge from hospital. The purpose of this study was to determine the effect of prophylactic antiemetics in reducing the incidence of PONV following MVD surgery.

Material and Methods: After IRB approval, all consented patients undergoing retromastoid craniotomy for trigeminal neuralgia are prospectively followed. The patients were divided into 2 groups. Prophylaxis (P) group (Granisetron (1mg) and Dexamethasone (8mg) on induction) and Control group(C) (No antiemetic on induction) Data collected included patient demographics, history of PONV, anesthetic data and the incidence of PONV in recovery room, at 24hrs and on discharge from hospital (3days). Anesthetic management of the patients was at the discretion of the anesthesiologists. Nausea and emesis were reported according to a four-point scale. Statistical analysis was by Chi-Square test and t-tests.

Results: A total of 45 patients were followed. The results are summarized in table below. The overall incidence of nausea was 48%(22/45) in recovery room, 60%(27/45) at 24hrs and 33%(15/45) on discharge from hospital. The incidence of emesis was less than nausea. There were no significant difference between the groups ($P > 0.05$) with respect to incidence of nausea and vomiting at any point.

Conclusion: We conclude that PONV (nausea or vomiting or both) occur frequently (up to 77% at 24hrs postoperatively) following MVD surgery. In our study, the prophylactic antiemetic therapy does not reduce the incidence of PONV in patients undergoing retromastoid craniotomy for trigeminal neuralgia. This is our preliminary result and more numbers are needed.

References:

- 1)Anesthesiology.2003; 98: 46-52.
- 2)Br J Anaesth 1992; 69:24S-32S.