EXAMINING THE EFFECTIVENESS OF CONTROLLED BREATHING, WITH OR WITHOUT AROMATHERAPY, IN THE TREATMENT OF POSTOPERATIVE NAUSEA IN FEMALE PATIENTS UNDERGOING OUTPATIENT LAPAROSCOPIC PROCEDURES

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Introduction: Research has shown 20-30% of patients undergoing anesthesia may experience postoperative nausea (PON). High risk patients have up to an 80% chance of experiencing PON. Non-smoking females, with a history of motion sickness, and those who receive postoperative opioids are especially vulnerable.

Identification of the Problem: Several studies have tested alternative treatments for PON including aromatherapy. Over the past decade, many studies have demonstrated successful treatment of PON using isopropyl alcohol (IPA) with or without pharmacologic measures. Limited comparisons of IPA with other aromatherapy or placebo led to a possible correlation between controlled breathing (CB) and decreased severity of PON.

Purpose of the Study: The purpose of this study is to compare the effectiveness of CB, with and without the inhalation of IPA, in the treatment of PON on adult female patients undergoing outpatient laparoscopic procedures.

Methodology: An experimental randomized controlled study was completed using a numeric rating scale for symptomatic patients to rate their nausea before and after CB or CB with IPA. A total of 228 women consented to the study and 103 experienced nausea postoperatively. Complete data for one episode of nausea was obtained on 86 study participants.

Results: Sociodemographic and clinical characteristics were not significantly different between the CB and the CB with IPA group. Preliminary findings suggest the patients treated with CB were relieved of PON as effectively as patients who received CB with IPA. Full analysis of the data is currently underway.

Discussion/Conclusions: Considering the ample number of patients who continue to experience PON, it is important to conduct research on this subject. CB may be just as effective in treating PON as IPA inhalation or CB with IPA which is frequently used by perianesthesia nurses.

Implications for Perianesthesia Nurse/Future Research: Many PACU nurses use IPA aromatherapy as an alternative treatment for PON. This study could indicate that this practice is unnecessary especially given the risk of using IPA in conjunction with oxygen via cannula. Additionally, CB is a simple therapy that could aid in the management of patients with PON.