EFFECTS OF P6 STIMULATION IN POST-OPERATIVE NAUSEA AND VOMITING IN LAPAROSCOPIC CHOLECYSTECTOMY PATIENTS

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Introduction: Post operative nausea and vomiting (PONV) and post discharge nausea and vomiting (PDNV) are some of the most common post operative complications. A non-pharmacological technique known as pericardium (P6) stimulation is believed to prevent PONV.

Problem: Severe PONV causes the patient dissatisfaction, discomfort, wound dehiscence, electrolyte imbalance, increased bleeding, prolonged hospital stay, unplanned admissions, etc.

Purpose: We investigated the effects of P6 stimulation on PONV in post Laparoscopic Cholecystectomy female patients using a nerve stimulator.

Methodology: The study was a double blind, randomized clinical trial performed on 56 patients with an ASA of 1 or 11. The patients were randomly selected into Group A and Group B. Group A received P6 stimulation; Group B did not. All patients received the same standard medication regimen. The PACU RN was unaware of patient’s group assignment. The Lickert Nausea Scale was used to assess for PONV. A next day call back was used to assess PDNV over 24 hours.

Results: This was an experimental design study using the basic needs test, ANOVA, and Pi square as statistical methods. The statistical significance was given a P value of 0.05%. There were 56 patients in study Group A and B combined. At any given point in the PACU 48.286% of the patient in Group B experienced PONV; while none experienced PONV in Group A (Chi Square 52.071, p<.001). 51.9% of Group B and 31.0% of Group A experienced PDNV at home.

Discussion: This population had a high potential for PONV. Although this comparison was not statistically significant, the differences between the two groups were clinically meaningful. The intention of the investigators was to enroll 100 patients; however due to limitations encountered the statistical power may have been influenced.

Conclusion: More interventions and methods are needed to decrease the incidence of PONV. The results of the study show the use of P6 stimulation in the perioperative arena is clinically meaningful.

Implications: P6 stimulation is a suitable technique to prevent or treat PONV, with little or no side effects or risk to patient safety. More research on this topic is needed.