Aromatherapy as Adjunctive Therapy for Post-Op Nausea and Vomiting

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Introduction: Essential oils are complex chemical compounds extracted from various parts of plants. Research has demonstrated that aromatherapy using certain essential oils can reduce nausea and vomiting. A significant number of bariatric surgery patients experience post-operative nausea and vomiting (PONV) and may benefit from the addition of aromatherapy to standard antiemetic therapy.

Identification of the problem: Data from the study organization revealed reports of prolonged PONV in bariatric surgery patients, which can increase pain, the need for medication, and length of stay all of which decrease patient satisfaction/outcomes and increase costs.

EBP Question/Purpose: The purpose of this evidence-based practice project was to determine if the addition of the blends of ginger-red mandarin, ginger-red mandarin-peppermint, or red mandarin-peppermint essential oil for aromatherapy in the post-anesthesia care unit (PACU) would lower the rating of PONV and/or the number of antiemetics used by bariatric patients compared to standard treatments alone.

Methods/Evidence: Bariatric patients rated their nausea on a scale of 0-4 and were not offered any aromatherapy during the one-month baseline data collection period. Thereafter, patients were offered the option to receive aromatherapy in addition to standard antiemetics. Three blends of essential oils were studied consecutively. Two drops of the essential oil blend were placed on a 2x2 gauze and the gauze placed on the patients' chest, close to the face. Patients rated their nausea at routine intervals until discharge from the PACU.

Significance of Findings/Outcomes: A total of 130 patients participated in this project. On average, those who received any of the three essential oil blends reported 20% less PONV than those who received none (58.1% vs 78.3%). All patients who received aromatherapy had an average discharge PONV rating of "1" compared to a rating of "2" in those who did not receive aromatherapy. The ginger-red mandarin-peppermint blend was the only blend that resulted in a decreased number of medications used (2 vs 1).

Implications for perianesthesia nurses and future research: PONV remains a significant issue upon discharge from the PACU. Aromatherapy may assist in decreasing PONV in bariatric patients. Peppermint-red mandarin-ginger blend, specifically, reduced the number of antiemetics used and should be further explored in future research studies.