Using Aromatherapy to Reduce Post-op Nausea and Vomiting in Day Surgery

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Introduction: Research has shown that about 30% of surgical patients experience post-operative nausea and vomiting (PONV) or higher with risk factors (Amirshani et al., 2020). The negative effects of PONV include discomfort, negative experiences, and prolonged length of stay (LOS). Aromatherapy has been shown to have some benefit when used as an adjunct to establish treatments in short stay/day surgery patients (Trandel-Korenchuk et al., 2022).

Identification of the Problem: A busy Midwestern Day Surgery department provides preoperative and Phase II postoperative care to a variety of patients who expect same-day discharge. The surgery and anesthesia teams screen all patients for PONV risks and initiates prophylactic anti-emetic and pain therapy. Aromatherapy is not currently in use but may offer some benefit.

EBP Question/Purpose: The literature was searched using CINAHL, MEDLINE, and Cochrane databases using search terms of aromatherapy, postoperative nausea and vomiting, and recovery/day surgery between 2018-2023. Question: (P) For adult day surgery patients, (I) does aromatherapy, (C) compared with standard prophylaxis, (0) reduce the incidence and severity of PONV (T) during a three-month pilot (Q3, 2023).

Methods/Evidence: An evidence-based practice (EBP) project was led by the Day Surgery Department in collaboration with the medical and support staff. The Team utilized the literature findings and hospital policy to create an evidence-based procedure for implementing aromatherapy use in the phase 1 and 2 recovery and gathering data to evaluate the effectiveness. A Patient Information Sheet was used to inform patients and provide them the option to use aromatherapy as needed for PONV during their recovery.

Significance of Findings/Outcomes: After nursing staff training, day surgery patients (N=519) were approached averaging 55+18 years in age (range 18-95), with more than half female. Nasal surgery patients were excluded (n=25). Some (n=183) refused aromatherapy. Surgery time varied with most (85%) under general anesthesia. Most 85% had at least one risk factor with most receiving PONV prophylaxis with limited symptoms. Only 8 phase 1 and 10 phase 2 patients received aromatherapy intermittently.

Implications for perianesthesia nurses and future research: The comprehensive prophylaxis process that was in place to prevent PONV was very effective. Aromatherapy was used intermittently with limited additional benefit over existing patient care.