

Aromatherapy and Its Effect on Post-Operative Nausea and Vomiting (PONV) In the Patient Undergoing Bariatric Surgery

Primary Investigator: Amy Dooley MS RN CPAN CAPA FASPAN

Co-Investigators: Bernadette Villalpando BSN RN CPAN, Jennifer DiBenedetto Phd RN,
Amy Molloy BSN RN CPAN, Dawn Cornish BSN RN CCRN CPAN,

Kaitlyn Ryan MSN RN FNP-BC CPAN

Lahey Hospital & Medical Center, Burlington, MA

Introduction: Post-operative nausea and vomiting (PONV) can affect up to 80% of high-risk patients; those risk factors including female gender, history of PONV or motion sickness, intraoperative opioid use, and non-smoking status. Literature has demonstrated PONV can extend a patient's length of stay and patient satisfaction.

Identification of the Problem: PONV was observed to be a prevalent problem in post bariatric surgical patients. The literature review exposed a dearth of studies specific to this population. Post Anesthesia Care Unit (PACU) nurses wanted to offer patients a solution to the nausea that was both holistic and non-pharmacological to support patient recovery, reduce side effects, and promote wellbeing.

Purpose of the Study: The purpose of this study is to investigate aromatherapy's effect on PONV in bariatric surgical patients, explore the number of antiemetics used, length of stay, and patient satisfaction.

Methodology: A quasi-experimental and retrospective cohort design was used to measure differences in PONV, length of stay, and number of antiemetics used in patients undergoing bariatric surgery and received aromatherapy (n = 30) when compared to an independent control group over a six-month time (n = 30). A retrospectively chart review obtained both antiemetic, length of stay, and demographic data to examine its influence on PONV. A data collection tool was used to assess patient experience.

Results: Preliminary results found 72% of patients had an improvement in their symptoms after using aromatherapy. They felt the device was easy to access and a majority would request aromatherapy again if they underwent surgery. Final results are pending and will be shared once available.

Discussion: 30 patients enrolled in our aromatherapy study over 10 months, with minimal attrition. The preliminary results demonstrated both feasibility and patient desire for nonpharmacologic post-operative support options.

Conclusion: Nurse-led aromatherapy interventions for bariatric surgery patients offer perianesthesia nurses an effective tool for supporting patients in the PACU, providing a valuable alternative or complement to traditional antiemetic approaches.

Implications for perianesthesia nurses and future research: Utilizing this current research to guide practice will assist with reducing PONV in a population of bariatric surgery patients. Using non-pharmacological treatments will reduce the side effects of medications. Future research should involve a larger cohort to strengthen the results.