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Acupressure in Management of Postoperative Nausea and Vomiting in High-Risk Ambulatory Surgical Patients

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This author conducted original experimental design research of the use of acupressure for post-operative nausea and vomiting (PONV) concluded in 2013. Results were significant in reduction of PONV in ambulatory surgical patients at high-risk, decreased post-operative recovery times and decreased direct nursing care cost. A policy was written for acupressure use implementation as a nursing intervention preoperatively for all surgical patients at risk for PONV. Committed perianesthesia nurses have been using acupressure to decrease PONV.

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Purpose: The purpose of this randomized blinded placebo-controlled research study was to investigate the effect of acupressure over 24 hours postoperatively for ambulatory surgical patients who are identified as high risk for PONV.

Design: A randomized blinded placebo-controlled study design was implemented.

Methods: Study enrollment criteria included four of five risk factors as defined in 2006 by American Society of PeriAnesthesia Nurses PONV/postdischarge nausea and vomiting guidelines: female, PONV history or motion sickness, nonsmoker, and volatile gas general anesthetic. One hundred ten patients were randomly assigned to an intervention (N = 57) acupressure bead patch or control (N = 53) sham acupressure patch group. Patients rated PONV on scale (0 to 10).

Findings: Acupressure use at P6 preoperatively was statistically significant in reducing PONV in all three postoperative phases. One hundred ten patients were enrolled; 93 patients finished the study's three phases and nine were admitted postoperatively.

Conclusions: Acupressure is an effective minimal risk and low-cost adjunctive therapy for prevention and treatment in ambulatory surgical patients at high risk for PONV. Further studies using other acupressure points should be conducted.

Keywords: postoperative nausea and vomiting, ambulatory surgery, Chinese Medicine, complementary alternative methods.

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IN THE UNITED STATES, more than 60% of the 79 million surgical procedures performed annually occur in an ambulatory day surgery setting.¹ One of the most common and distressing symptoms experienced after surgery is postoperative nausea and vomiting (PONV), which is at the top of adverse outcomes after routine outpatient surgery.^{2,7-9} PONV is a major factor limiting early

discharge of ambulatory surgical patients and is a leading cause of unanticipated hospital admissions (24% primary reason). Uncontrolled PONV can result in pulmonary aspiration in an unprotected airway, electrolyte imbalances, suture line tensions causing hematomas and wound dehiscence, delayed discharges, and unplanned, possibly unnecessary hospitalizations.²⁻⁶

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Conflict of interest: None to report.

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