

Observational study; Outcome study in daily clinical practice concerning postoperative nausea and vomiting.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON29574

Source

Nationaal Trial Register

Brief title

N/A

Health condition

Postoperative nausea and vomiting (PONV)
(NL: postoperatieve misselijkheid en braken).

Sponsors and support

Primary sponsor: Medical Center Alkmaar, hospital pharmacy

Source(s) of monetary or material Support: Medical Center Alkmaar, hospital pharmacy

Intervention

Outcome measures

Primary outcome

1. Description of the current therapy regarding PONV (use of anti-emetics);
2. Description of the efficacy of the current therapy (occurrence of nausea and vomiting).

Secondary outcome

1. Description of differences in therapy and occurrence of PONV for different types of surgery;
2. Relation between occurrence of PONV and differences in patient characteristics.

Study description

Background summary

Frequently people experience nausea and vomiting following surgery. There are several pharmacologic interventions possible; there is no rational evidence-based approach available. In this study the current therapy regarding PONV and its efficacy in the Medical Center Alkmaar will be described. The results of this study can be used as a basis for improvement. The possible improvement will be studied in follow-up research.

Study objective

Frequently people experience nausea and vomiting following surgery. There are several pharmacologic interventions possible; there is no rational evidence-based approach available. In this study the current therapy regarding PONV and its efficacy in the Medical Center Alkmaar will be described. The results of this study can be used as a basis for improvement.

Study design

N/A

Intervention

N/A

Contacts

Public

ziekenhuisapotheek MCA, Postbus 501
W. Graaf de

Alkmaar 1800 AM
The Netherlands
Scientific
ziekenhuisapotheek MCA, Postbus 501
W. Graaf de
Alkmaar 1800 AM
The Netherlands

Eligibility criteria

Inclusion criteria

1. Gynaecologic, galbladder or ear surgery;
2. >18 years of age.

Exclusion criteria

1. Language barrier;
2. emergency operation;
3. mental illness;
4. postoperative ICU care necessary.

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	15-07-2007
Enrollment:	90
Type:	Actual

Ethics review

Positive opinion	
Date:	25-10-2007
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL1086
NTR-old	NTR1119
Other	: N/A
ISRCTN	Geen aanvraag/Observational study

Study results

Summary results

4 - Observational study; Outcome study in daily clinical practice concerning postop ... 15-05-2025

1. Kovac AL. Prevention and treatment of postoperative nausea and vomiting. *Drugs* 2000;59:213-243;

2. Nederlandse Vereniging voor Anesthesiologie, i. s. m. Kwaliteitsinstituut voor de Gezondheidszorg CBO. Richtlijn Postoperatieve pijnbehandeling. Aanhangsel Postoperatieve misselijkheid en braken. 2003. 2007;

3. Apfel CC, Korttila K, Abdalla M et al. A factorial trial of six interventions for the prevention of postoperative nausea and vomiting. *N Engl J Med* 2004;350:2441-2451;

4. Carlisle JB, Stevenson CA. Drugs for preventing postoperative nausea and vomiting. *Cochrane.Database.Syst.Rev.* 2006;3:CD004125;

5. Habib AS, Gan TJ. Combination therapy for postoperative nausea and vomiting - a more effective prophylaxis? *Ambul.Surg.* 2001;9:59-71;

6. Wetenschappelijk Instituut Nederlandse Apothekers. Informatorium Medicamentorum. 2005;

7. Habib AS, Gan TJ. Evidence-based management of postoperative nausea and vomiting: a review. *Can.J Anaesth.* 2004;51:326-341;

8. Apfel CC, Laara E, Koivuranta M et al. A simplified risk score for predicting postoperative nausea and vomiting: conclusions from cross-validations between two centers. *Anesthesiology* 1999;91:693-700;

9. Sinclair DR, Chung F, Mezei G. Can postoperative nausea and vomiting be predicted? *Anesthesiology* 1999;91:109-118;

10. Koivuranta M, Laara E, Snare L et al. A survey of postoperative nausea and vomiting. *Anaesthesia* 1997;52:443-449;

11. Gan TJ, Meyer T, Apfel CC et al. Consensus guidelines for managing postoperative nausea and vomiting. *Anesth.Analg.* 2003;97:62-71;

12. Palazzo M, Evans R. Logistic regression analysis of fixed patient factors for postoperative sickness: a model for risk assessment. *Br J Anaesth.* 1993;70:135-140;

13. Apfel CC, Kranke P, Eberhart LH et al. Comparison of predictive models for postoperative nausea and vomiting. *Br J Anaesth.* 2002;88:234-240;

14. Junger A, Hartmann B, Benson M et al. The use of an anesthesia information management system for prediction of antiemetic rescue treatment at the postanesthesia care unit. *Anesth.Analg.* 2001;92:1203-1209;

15. Eberhart LH, Geldner G, Kranke P et al. The development and validation of a risk score to predict the probability of postoperative vomiting in pediatric patients. *Anesth.Analg.* 2004;99:1630-7;

16. van den Bosch JE, Kalkman CJ, Vergouwe Y et al. Assessing the applicability of scoring systems for predicting postoperative nausea and vomiting. *Anaesthesia* 2005;60:323-331;

17. Kalisvaart, K. Primary prevention of delirium in the elderly. 2005;

18. Engel JM, Junger A, Hartmann B et al. Performance and customization of 4 prognostic models for postoperative onset of nausea and vomiting in ear, nose, and throat surgery. *J Clin Anesth.* 2006;18:256-263;

19. van den Bosch, J. E. Prediction of postoperative nausea and vomiting. 2006;

20. Hilarius DL, Kloeg PHAM. Niet geneesmiddel, maar behandelingsindicatie centraal. Beoordelingssysteem voor medicijnen in ziekenhuizen. *Pharmaceutisch Weekblad* 2005;5:176-178;

21. Hilarius DL, Kloeg PHAM, van Haelst IMM et al. Passen en meten. Waardebepaling van specialistische geneesmiddelen. *Farmanova*, 2002;

22. Boogaerts JG, Vanacker E, Seidel

L et al. Assessment of postoperative nausea using a visual analogue scale. Acta Anaesthesiol.Scand. 2000;44:470-474;

23. Apfel CC, Roewer N, Korttila K. How to study postoperative nausea and vomiting. Acta Anaesthesiol.Scand. 2002;46:921-928.