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

Gepubliceerd: 25-10-2007 Laatst bijgewerkt: 18-08-2022

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 regaring PONV and its efficacy in...

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON29574

Bron
Nationaal Trial Register

Verkorte titel
N/A

Aandoening

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

Ondersteuning

Primaire sponsor: Medical Center Alkmaar, hospital pharmacy
Overige ondersteuning: Medical Center Alkmaar, hospital pharmacy

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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

Toelichting onderzoek

Achtergrond van het onderzoek

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.

Doel van het onderzoek

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 regaring 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.

Onderzoeksopzet

N/A

Onderzoeksproduct en/of interventie

N/A

Contactpersonen

Publiek

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The Netherlands

Wetenschappelijk

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The Netherlands

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Gynaecologic, galbladder or ear surgery;

2. >18 years of age.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Language barrier;

2. emergency operation;

3. mental illness;

4. postoperative ICU care necessary.

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Parallel
Toewijzing:	N.v.t. / één studie arm
Blindering:	Open / niet geblindeerd

Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	15-07-2007
Aantal proefpersonen:	90
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies

Datum:	25-10-2007
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

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

Resultaten

Samenvatting resultaten

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