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Chapter 86: Postoperative Nausea & Vomiting

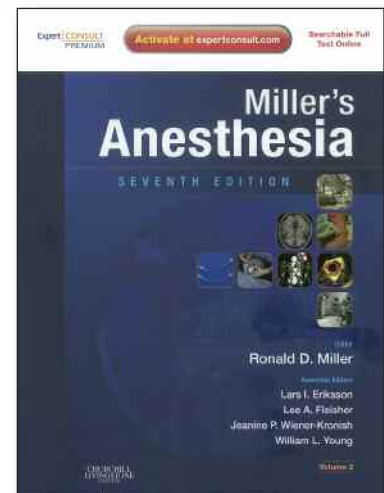
in

2010 Miller's *Anesthesia*, 7th ed.

pg. 2473 column one, paragraph 2

Local anesthesia

Data from multivariable analyses suggest that the main cause of PONV is exposure to emetogenic triggers, namely inhaled anesthetics and opioids. If both can be avoided, PONV incidence can be expected to be quite infrequent. In fact, a 5-year review of 1,264 cases using an opioid free **propofol/ketamine** sedation technique for a wide range of ambulatory cases under local anesthesia reported only 7 patients with vomiting (**0.6%**) and 21 patients (2%) requiring postop antiemetics. (107) However, the lack of a control group in this study necessitates a cautious interpretation. Nevertheless, this result is in accordance with small scale, high quality randomized controlled trials, such as the comparison of anesthetic techniques by (PF) **White** and colleagues. (108) In that study, ilioinguinal-hypogastric nerve block, spinal anesthesia or general anesthesia (with volatile anesthesia and opioids) was associated with PONV outcomes of **7%**, 12%, and 62% respectively.



107. **Friedberg BL: Propofol-ketamine technique**, dissociative anesthesia for office surgery: a five year review of 1,264 cases. *Aesth Plast Surg* 1999; 23; 70-75.
108. Song D, Greilich N, Tongier K, et al.: Recovery profile of outpatients undergoing unilateral inguinal herniorrhaphy: A comparison of three anesthetic techniques. *Anesth Analg* 1999; 88; S30.

* 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.

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