

The Efficacy of Aromatherapy in the Treatment of Postdischarge Nausea in Patients Undergoing Outpatient Abdominal Surgery

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Purpose: The purpose of this study was to explore the effectiveness of the aromatherapy product *QueaseEASE (QE)* for decreasing postdischarge nausea (PDN) in patients undergoing outpatient abdominal surgery.

Design: Prospective exploratory study.

Methods: Informed Consent was obtained preoperatively from a convenience sample of adult patients scheduled for outpatient abdominal surgery procedures. Prior to discharge, subjects were instructed in the use of *QE* and given instructions on how to rate their nausea on a 0-10 scale. They recorded nausea scales > 0 any time they occurred for the next 24 hours, used the *QE*, and recorded their nausea scales 3 minutes later. A study nurse called subjects the next day to collect the information.

Findings: The sample included 70 outpatients who underwent abdominal surgery. Twenty-five participants (36%) reported experiencing PDN and their concomitant use of *QE*. There was a significant difference in mean age of those reporting PDN (37 years) versus those without nausea (48 years, $P = .004$) as well as a significant difference in mean intravenous fluid intake during hospitalization of those reporting PDN (1,310 mL) versus those without nausea (1,511 mL, $P = .04$). The PDN group had more female participants (72% vs 42%, $P = .02$), more participants that were less than 50 years of age (84% vs 53%, $P = .02$), and received more opioids (100% vs 76%, $P = .006$) than the no nausea group. The 25 PDN participants reported 47 episodes of PDN in which they used *QE*. For all of the 47 PDN episodes experienced, participants reported a decrease in nausea scale (0 to 10) after the use of *QE*; for 22 (47%) of the PDN episodes experienced, a nausea scale of 0 after using *QE* was reported. The mean decrease in nausea scale for all 25 participants was 4.78 (± 2.12) after using *QE*.

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Conflict of interest: None to report.

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Conclusion: *This study found that the aromatherapy QE was an effective treatment of PDN in select same-day abdominal surgery patients.*

Keywords: *QueaseEASE, aromatherapy, postdischarge nausea, PDN, PDNV, PONV.*

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MORE THAN 65% OF SURGERY is performed on an outpatient basis, where the patient is discharged to home within hours of the surgery.¹ One of the most common complications of surgery is postoperative nausea and vomiting (PONV) with approximately 30% to 37% of same-day surgery patients experiencing postdischarge nausea and vomiting (PDNV).²⁻⁴ This is troubling as PDNV can be debilitating and patients may not have ready access to medical advice or treatment for their PDNV. Patients who experience nausea in Phase I or II of their recovery may have been sent home with antiemetics in the form of dissolving tablets, suppositories, or a patch, but these pharmaceutical remedies can have side effects such as sedation, blurred vision, and weakness.^{5,6} Patients who do not experience any nausea and vomiting until after their discharge may not have ready access to pharmaceutical treatments and have to manage their nausea with minimally effective self-care strategies, for example, cold cloths and bedrest.

Aromatherapy is the practice of inhaling the vapor of essential oils or other substances to treat or alleviate physical and/or emotional symptoms.⁷ In 2006, the American Society of PeriAnesthesia Nurses developed an evidence based clinical practice guideline for the prevention and/or management of PONV.⁸ This guideline cites aromatherapy as a rescue intervention for consideration in PONV during Phase I postanesthesia care unit (PACU)/Phase II PACU.⁸ The level of this recommendation indicates that the benefit of aromatherapy is equal to the risk and it is not unreasonable to administer.⁹ The body of evidence on the effectiveness of aromatherapy continues to grow.

Review of Literature

Aromatherapy has been advocated in the treatment of anxiety, hypertension, nausea and vomiting, and pain. A systematic review of aromatherapy in people with anxiety symptoms found that most of the

16 randomized controlled trials (RCTs) indicated that aromatherapy had a positive effect in decreasing the symptoms.¹⁰ Hypertension has been shown to be positively affected by aromatherapy, significantly reducing systolic and diastolic blood pressures in one RCT.¹¹ A study of 160 cancer patients reported that aromatherapy decreased anxiety in 65%, whereas 47% stated that aromatherapy settled their nausea.¹²

Postoperative Nausea and Vomiting

In a Cochrane review, Hines et al⁷ examined aromatherapy for the treatment of PONV. They found nine RCTs that primarily compared isopropyl alcohol (IPA; seven) and peppermint oil (two) to various antiemetics and/or placebo. They determined that IPA was not effective in reducing the need for rescue antiemetics and that there was not enough evidence to demonstrate the effectiveness of peppermint oil in reducing PONV.⁷

Since the Cochrane review, an RCT of 303 subjects found nausea scores significantly lower with both the aromatherapy of blended oils versus saline and ginger versus saline, whereas IPA was not more effective than saline in treating postoperative nausea in the PACU.¹³ A study of 71 women experiencing postoperative nausea compared peppermint oil, saline, and ondansetron. There were no significant differences in the nausea scores between the interventions, but due to a small sample size, the study was underpowered.¹⁴ A similar study of 33 ambulatory surgery patients also found no difference between IPA, peppermint oil, and saline in treating complaints of nausea in the PACU.¹⁵ Recently, an RCT compared the aromatherapy product QueaseEASE (QE; Soothing Scents, Inc, Enterprise, AL) with a placebo inhaler in 121 patients admitted postoperatively who experienced PONV. This study found that nausea scores decreased significantly using both inhalant devices, but use of the QE inhaler decreased

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