

The incidence and risk factors of intraoperative nausea and vomiting after cesarean section under spinal anesthesia

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- Abstract

- Background: Nausea and vomiting is a common postoperative complication after general anesthesia, while spinal anesthesia may be associated with intra-operative nausea and vomiting (IONV), as well. Several factors affect the incidence of IONV that have to be considered for prevention of this complication. Considering the racial differences in the incidence of IONV, and different drug efficacy and adverse effects, we aimed to determine the incidence and risk factors of IONV in patients undergoing cesarean sections (C/S) under spinal anesthesia in an Iranian population. Methods: This cross-sectional study was conducted on 500 pregnant women who underwent C/S under spinal anesthesia. The collected data included demographics (age, educational level, body mass index [BMI], and number of pregnancies), history of gastrointestinal diseases, migraine headaches, anxiety (evaluated by Beck Anxiety Inventory), hypertension, nausea and vomiting (N/V) and vaginal bleeding during pregnancy, and NPO state, as well as the type and dosage of spinal anesthetic, use of ephedrine for blood pressure control, needle size, and sex of the neonate. Results: There was a significant association between IONV and hyperemesis, anxiety, ephedrine use, and eclampsia ($P < 0.05$), while there was no significant association between IONV and the rest of variables ($P > 0.05$). Backward logistic regression indicated that ephedrine usage, history of hyperemesis, eclampsia, and anxiety were independently and significantly associated with IONV. Conclusions: Appropriate treatment of conditions that are associated with IONV before C/S, including ephedrine usage, history of hyperemesis, eclampsia, and anxiety, can be effective in preventing this annoying complication. © 2020, Hampstead Psychological Associates. All rights reserved