



Should ondansetron be used as a routine prophylaxis agent for postoperative nausea and vomiting?

Mark C. Kendall and Lucas J. Castro-Alves

Department of Anesthesiology, Rhode Island Hospital, The Warren Alpert Medical School of Brown University, Providence, USA

We read with great interest the article of Ismail et al. [1] in a recent issue of the Journal. The authors performed a randomized controlled trial in 100 female patients who underwent laparoscopic cholecystectomy. A preinduction dose of 5 mg of dexamethasone plus intraoperative 30 ml/kg Ringer's lactate solution reported a decrease in the occurrences of postoperative nausea and vomiting (PONV) and pain during the first 24 h after surgery as compared with 5 mg of dexamethasone alone. The authors should be commended for addressing an important topic in perioperative medicine that remains to be relevant to the practice of anesthesiologists [2].

Although the study of Ismail et al. was well designed and conducted, we have a few questions to further confirm the validity of the authors' findings. First, it was interesting to note that the authors did not standardize the postoperative pain regimen, as this (particularly the use of multimodal agents) can significantly alter the primary outcome of the study [3,4]. In addition,

it is not clear why the authors did not use ondansetron as a prophylactic agent because this drug has uncommon side effects (e.g., dizziness, headache) and has been recommended by recent PONV guidelines developed by panel members of the Society of Ambulatory Anesthesia [5]. The guidelines provide information about strategies that health care providers can implement to prevent and treat PONV in adults and children undergoing surgery. Lastly, it is unclear why the author did not use a patient-centered outcome to evaluate the clinical impact of their findings.

We would welcome comments from the authors regarding the aforementioned issues to further strengthen the findings of this important study.

ORCID

Mark C. Kendall, <https://orcid.org/0000-0001-5641-8674>

Lucas J. Castro-Alves, <https://orcid.org/0000-0003-3461-2868>

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Corresponding author: Mark C. Kendall, M.D.

Department of Anesthesiology, Warren Alpert Medical School Brown University, 593 Eddy Street, Providence, Rhode Island 02903, USA

Tel: 1-414-444-4933, Fax: 1-414-444-5090, Email: mark.kendall@lifespan.org

ORCID: <https://orcid.org/0000-0001-5641-8674>

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