FLOYD STUDY RESULTS

QueaseEASE

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Methodology

- Informed consent obtained from Indiana University Southeast Institutional Review Board (IRB)
- Patients were identified preoperatively
  - Study background and methodology explained to patients
  - Informed consent obtained
- Before discharge, Phase II outpatient nurses
  - Obtained phone number where patient could be reached the next day
  - Gave patients their QueaseEASE containers
  - Went over instructions on how to rate their nausea on a 0-10 scale
  - Explained how to use the QueaseEASE
  - Explained again that a nurse would call them and see how they were doing and ask if they used the QueaseEASE and on a scale of 0-10 what their nausea scale was before and after using the QueaseEASE

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Demographics

- Data collected Dec 2012-Aug 2013: 6 months
- 80 patients enrolled
  - 10 patients excluded (8 admitted, 1 lost data sheet, 1 withdrew)
- N=70 with complete data collected
  - Mean age: 44 years (18-84 range)
  - 53% (37) Female; 47% (33) Male
  - Abdominal Surgery performed
    - Laparoscopic Cholecystectomy 53%
    - Hernia Repair: 43%
    - Other: 4%

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Demographics (Continued)

- 13% (9) reported history of nausea and vomiting with surgery
- 24% (17) had scopolamine patch placed preop
- Phase I (PACU) recovery
  - 74% (52) received IV narcotics
  - 33% (23) received IV antiemetics
- Phase II (Outpatient) recovery
  - 67% (47) received PO narcotics
  - 13% (9) received IV antiemetics
- Mean IV fluid intake while in hospital 1439 mL (800-2900 ml range)
  - 8 patients received less than 1000 mL

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Post-Discharge Nausea (PDN)

- 36% (25 of 70) patients reported PDN either during the day of surgery or the day after surgery
- All used QueaseEASE to treat their nausea

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PDN=Post Discharge Nausea	All Subjects N=70	NO reported PDN N=45 64%	YES reported PDN N=25 36%	
Mean age	44 (18-84)	48	37	p=.004
Mean IV fluid intake	1439 mL (800-2900)	1511 mL	1310mL	p=.04
Gender	33 M (47%) 43 F	26 M (58%) 19 F (42%)	7 M (28%) 18 F (72%)	
History postoperative Nausea & Vomiting	9 (13%)	N=3 7%	N=6 24%	
NO Preop/OR Antiemetic	16 (23%)	N=8 18%	N=8 32%	
Scopolamine patch Preoperatively	17 (24%)	N=9 20%	N=8 32%	
Phase I (PACU) IV Narcotics given	52 (74%)	N=31 69%	N=21 84%	
Phase I IV Antiemetic given	23 (33%)	N=13 29%	N=10 40%	
Phase II (Outpt) PO Narcotics given	47 (67%)	N=25 56%	N=22 88%	
Phase II IV Antiemetic given	9 (13%)	N=3 7%	N=6 24%	

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47 Episodes of PDN Reported

- Nausea measured by self-report of nausea
  - Nausea Scale 0-10
    - 0 = no nausea
    - 10 = worst nausea/vomiting
- 52% (13) reported nausea in car going home
- Day of Surgery
  - 52% (13) reported 1 episode
  - 28% (7) reported 2 episodes
  - 16% (4) reported 3 episodes
- Postoperative day 1
  - 32% (8) reported at least 1 episode

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Effectiveness of QueaseEASE

- 25 patients reported 47 episodes of PDN
  - 100% of episodes reported a decrease in nausea scale after using QueaseEASE
  - 47% (22) episodes reported nausea of 0 after QE
  - Mean decrease in nausea scale was 4.78 after using QueaseEASE

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FLOYD ABSTRACT

THE EFFICACY OF AROMATHERAPY IN THE TREATMENT OF POST-DISCHARGE NAUSEA IN PATIENTS UNDERGOING OUTPATIENT ABDOMINAL SURGERY

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- **Introduction/Problem**
  - Post-discharge nausea (PDN) is a common complication after surgery with reported incidence rates as high as 35-50%. When nausea occurs post-discharge, patients attempt remedies that are ineffective or take prescribed antiemetics that can have detrimental side effects.
- **Purpose**
  - To explore the efficacy of QueaseEASE (QE), an aromatherapy compound which combines the essential oils of peppermint, spearmint, lavender, and ginger, in decreasing PDN in patients undergoing outpatient abdominal surgery.
- **Methodology**
  - 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.

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- **Results**
  - Data was collected on 70 outpatients with 25 (36%) reporting PDN and the use of QE. There was a significant difference in mean age of those reporting PDN (37) vs those without nausea (48, p=.004) as well as a significant difference in mean IV fluid intake during hospitalization of those reporting PDN (1310mL) vs those without nausea (1511mL, p=.04). The PDN group was 72% female vs 42% female in the no nausea group. The 25 subjects reported 47 episodes of PDN in which they used QE. 100% of the PDN episodes reported a decrease in nausea scale after QE; 47% of the PDN episodes reported a nausea scale of 0 after QE. The mean decrease in nausea scale for all 25 subjects was 4.78 after using QE.
- **Conclusions/Discussion**
  - This study demonstrated that QE can be an effective, safe, and easy to use remedy for PDN in patients undergoing outpatient abdominal surgery. The 36% incidence of PDN that occurred primarily in young females is consistent with known risk factors.
- **Implications for Practice and Research**
  - Aromatherapy is an effective and practical treatment for PDN. Research should focus on the effectiveness of aromatherapy in Phase I and II recovery.

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