

MEETING ABSTRACT

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# An explorative comparison of self - perception and the perception of others concerning postoperative nausea and vomiting in infants

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## Background

Quality assurance and process improvements of side effects are becoming more and more important in the context of an outcome orientated postoperative pain therapy [1-3]. In particular PONV (postoperative nausea and vomiting) leads to an impairment of patients' well-being. It can be assumed that the incidence exceeds the number of cases documented in the patient's chart. So the actual rate of PONV may be underestimated [4].

## Material and methods

In a prospective, exploratory pilot study, standardized interviews were conducted with 40 patients, aged between 11 and 18, to analyse possible reasons of a missing report of PONV or the lack of documentation in the patient's chart. Furthermore associations between the incidence of PONV and the reporting-behavior of children with demographic data, process parameters, administered antiemetics or analgesics were evaluated.

## Results

PONV was detected more frequently in the interviews (n = 25, 62.5%) than in the documentation (n = 11, 27.5%).

The results showed poor correlation between the interviews and the documentation regarding nausea but good congruency concerning vomiting. Minimal intensity of discomfort and the presumption that nausea would disappear by itself, led to missing report in the most cases. Dizziness, pain and postoperative opioid application were associated with the occurrence of

nausea. The reporting behavior increased significantly with the presence of the patients' parents.

## Conclusions

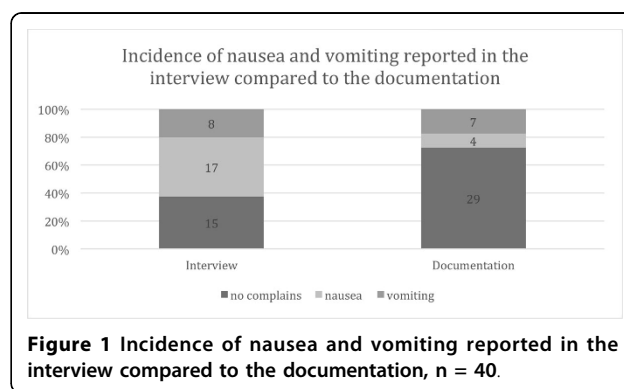
The assumption that the actual incidence of PONV is hugely underestimated in children and adolescents was confirmed by these study results. Knowledge about the treatability of PONV, the form of information and the importance of early reporting behavior of nausea have to be improved based on data of this study.

Due to the lack of validation of the interviews and the exploratory study design, these results need to be confirmed in further studies.

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**Figure 1** Incidence of nausea and vomiting reported in the interview compared to the documentation, n = 40.

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