



SOOTHINGSCENTS

The makers of QueaseEASE

RESEARCH, REPORTS AND STUDIES



Floyd Memorial Hospital
and Health Services

New Albany, IN

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

Laura McIlvoy, PhD, RN, CCRN, CNRN, Linda Richmer, BSN, RN, CPAN, Deborah Kramer, ASN, RN, Rita Jackson, BSN, RN, Leslee Shaffer, BSN, RN, Jeffrey Lawrence, MSN, RN, CNOR, Kevin Inman, MSN, RN, CNE

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

- The purpose of this study was to explore the effectiveness of the aromatherapy product QueaseEASE® for decreasing post-discharge nausea (PDN) in patients undergoing outpatient abdominal surgery.

Design

- Prospective exploratory study.

Method

- 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 QueaseEASE® and given instructions on how to rate their nausea on a 0-10 scale. They recorded a nausea score when they experienced nausea, then again 3 minutes after using QueaseEASE®. 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 QueaseEASE®. 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



Floyd Memorial Hospital
and Health Services

New Albany, IN

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

Laura McIlvoy, PhD, RN, CCRN, CNRN, Linda Richmer, BSN, RN, CPAN, Deborah Kramer, ASN, RN, Rita Jackson, BSN, RN, Leslee Shaffer, BSN, RN, Jeffrey Lawrence, MSN, RN, CNOR, Kevin Inman, MSN, RN, CNE

QueaseEASE®. For all of the 47 PDN episodes experienced, participants reported a decrease in nausea scale (0 to 10) after the use of QueaseEASE®; for 22 (47%) of the PDN episodes experienced, a nausea scale of 0 after using QueaseEASE® was reported. The mean decrease in nausea scale for all 25 participants was 4.78 (62.12) after using QueaseEASE®.

Conclusions/Discussion

- This study found that the aromatherapy QueaseEASE® was an effective treatment of PDN in select same day abdominal surgery patients. Every subject that used QueaseEASE® for PDN reported some level of relief from the nausea and in half of all the PDN episodes, the nausea was completely eliminated. This study was limited by a small sample size and lack of a control group. As PDN occurs in approximately one third of outpatient surgeries and the number of same-day surgeries continues to increase, more research is needed to identify effective self-care strategies for patients who suffer from this debilitating complication.

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.