PONV: A COMPLEX CONDITION WITH SIGNIFICANT IMPACT

PONV is one of the most common and distressing problems facing patients after surgery.[1] In fact, it is one of the most common reasons for poor patient satisfaction, even more so than pain.[2]

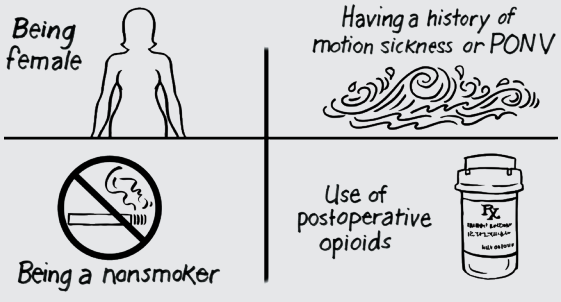
PONV IS A COMMON COMPLICATION

In the United States, an **estimated 65 million surgical procedures take place every year**.[3] Unfortunately, many of those patients will experience PONV after surgery.[3] Certain factors can put patients at greater risk for PONV.[4]

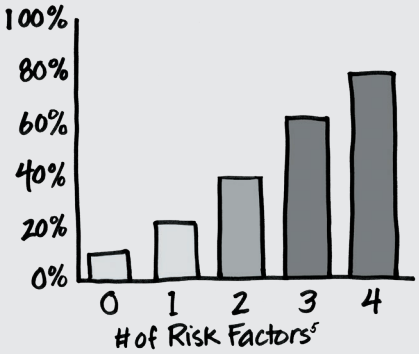
The number of risk factors correlates with increasing PONV risk.[5]

Approximately **8 out of 10 high-risk patients will experience PONV** after surgery.[5]

RISK FACTORS[4,5]



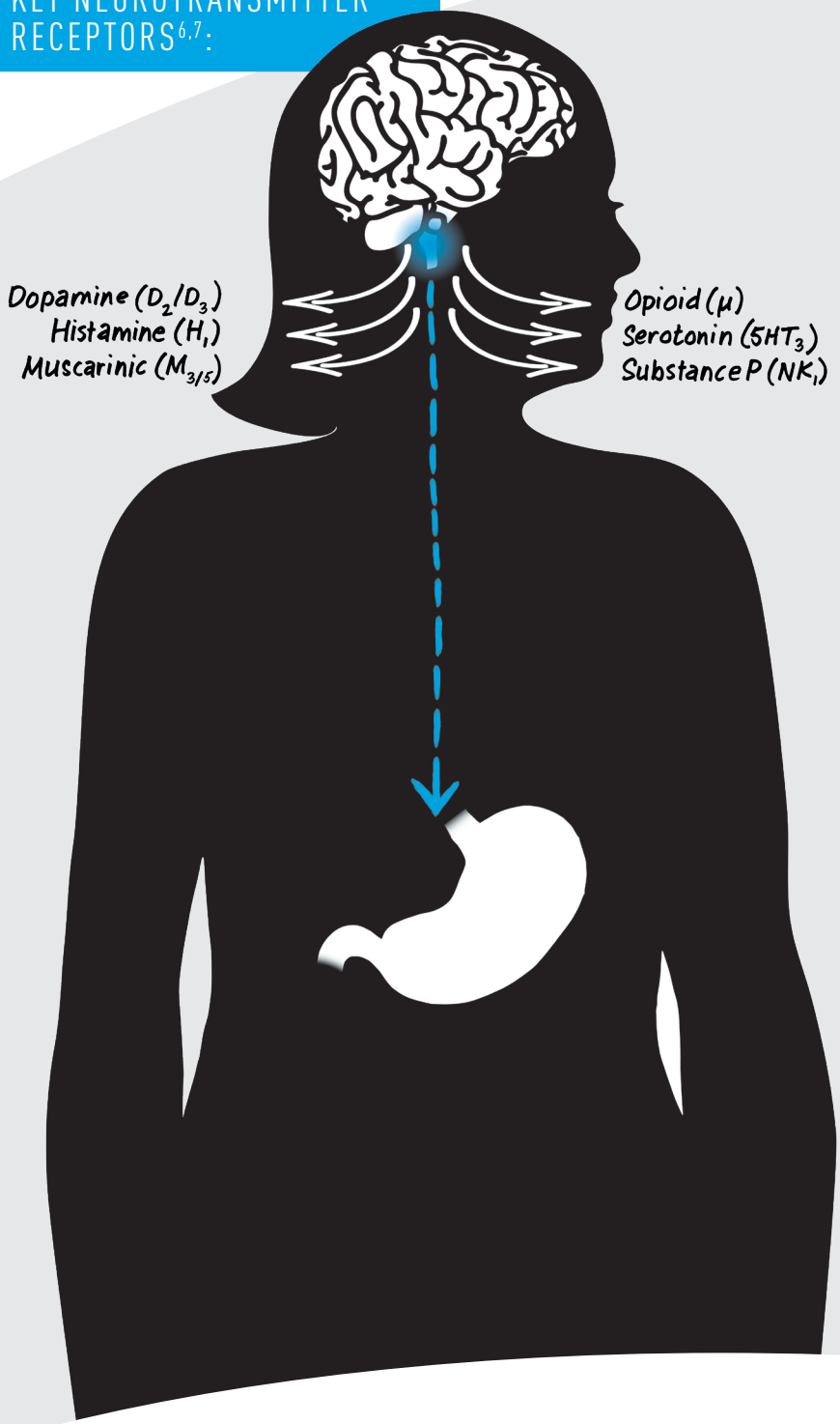
PONV RISK



GUIDELINE RECOMMENDATION:

It's important to identify a patient's risk for PONV prior to surgery. When possible, reducing baseline risk factors in an effort to prevent PONV in high-risk patients is recommended.[5]

KEY NEUROTRANSMITTER RECEPTORS[6,7]:



MULTIPLE PATHWAYS ARE INVOLVED IN PONV

In response to various surgical stimuli, the chemoreceptor trigger zone (CTZ) in the brainstem mediates the emetic response via multiple efferent neural pathways.[6,7]

Despite extensive research on neural pathways, PONV remains a critical issue for both patients and healthcare professionals.[6]

GUIDELINE RECOMMENDATION:

Adults who are at high risk for PONV should receive combination/multimodal prophylactic therapy.[5]

PONV REMAINS A KEY AREA OF UNMET NEED

Not all patients benefit from prophylactic antiemetics. Despite patient assessment and appropriate multimodal prophylaxis, an estimated 32% of surgery patients will fail prophylactic antiemetics, requiring rescue therapy.[3]

GUIDELINE RECOMMENDATION:

When nausea and vomiting occur postoperatively, treatment should be administered with an antiemetic from a pharmacologic class that is different from the drug given prophylactically.[5]

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