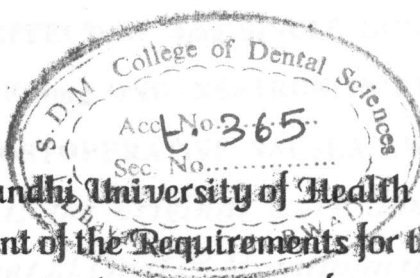


**A COMPARATIVE STUDY BETWEEN OF THE EFFECT OF
4mg SINGLE DOSE (BOLUS) OF ONDANSETRON AND
INFUSION OF 8mg ONDANSETRON IN I.V. FLUIDS
(NORMAL SALINE) IN PREVENTING POSTOPERATIVE
NAUSEA AND VOMITING AFTER MAXILLOFACIAL
SURGERY**



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Degree of Master of Dental Surgery, in the Speciality of
Oral & Maxillofacial Surgery.**

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Nausea and vomiting are among the most common postoperative complaints and can occur after general, regional and local anesthesia. Nausea is defined as a subjectively unpleasant sensation associated with awareness of urge to vomit. It is usually felt in the back of the throat and epigastrium and is accompanied by loss of gastric tone, duodenal contraction and reflux of the intestinal contents into the stomach^{3, 41}.

Vomiting or emesis is the forceful expulsion of gastric contents from the mouth and is brought about by powerful sustained contraction of the abdominal muscles, descent of the diaphragm and opening of the gastric cardia.

Persistent nausea and vomiting may result in dehydration, electrolyte imbalance and delayed discharge especially after outpatient surgery and also leads to tension on suture lines, venous hypertension, increased bleeding under skin flaps and can expose the subject to risk of pulmonary aspiration of vomitus in an individual whose airway reflexes are depressed from the residual effect of anaesthetic and analgesic drugs⁴¹ and can increase intracranial pressure or intraocular pressure especially after craniotomy or ocular surgery, thereby jeopardizing hemostasis and cerebral perfusion¹¹. Management of post operative nausea and vomiting (PONV) may confound patients assessment post craniotomy if sedative side effects of antiemetic are present.