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**POSTOPERATIVE MOOD ASSESSMENT IN SURGICAL OUTPATIENTS: IMPACT OF VOMITING AND PAIN**  
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**Introduction.** Vomiting (V) and pain (P) in surgical outpatients may delay discharge and/or contribute to patient discomfort in the PACU or at home. We attempted to quantitate the effect of V and P and their treatment on patients' feelings of well-being.

**Methods.** Following approval by the institutional review board, healthy women, ages 18-42 yrs, scheduled for outpatient laparoscopy, agreed to complete pre and postoperative questionnaires using 23 variables and based on a Profile of Mood States<sup>1</sup> to assess general emotional well-being. Each mood variable was ranked from 0-4 (0 = not at all, 4 = extremely). Patients received thiopental, N<sub>2</sub>O/narcotic/relaxant anesthesia with supplemental isoflurane. Following reversal of muscle relaxant, patients were extubated and taken to the post anesthesia care unit (PACU) for routine nursing care. Incidents of V and P were noted. Multiple episodes of V were treated with prochlorperazine 5 mg IV; complaints of P were treated with 25 ug increments of fentanyl. Patients repeated the Profile of Mood States questionnaire before discharge. T-Tests, ANOVA and Mann Whitney-U tests were used to assess differences between groups and the effects of V or P on mood.

**Results.** Eighty-seven patients completed both pre and postop questionnaires. PACU V occurred in 53/87 patients (61%) and was associated with increases in several descriptors of uneasiness (Table). Postoperative patients did not differ in their rating of descriptors of upbeat mood (e.g., energetic, cheerful) regardless of whether they experienced postop P or V. Patients with P or V severe enough to require medication (10/87 or 11%, 36/87 or 41% respectively) did not differ in mood scores from those who did not.

**Discussion.** The occurrence of PACU V was associated with a more negative mood than nonoccurrence in healthy women. This study confirms the widely held clinical belief that postoperative V is more troublesome to patients than postoperative P. The occurrence of P, even that severe enough to demand Rx, had no effect on mood score, but the occurrence of PACU V of any severity was associated with significantly more negative mood scores. These data suggest that efforts to control V in outpatients are particularly important factors in contributing to patients' feelings of well being.

**Ref.** Cella DF et al., J Chron Dis 40:939-942, 1987.

IMPACT OF VOMITING, NEED FOR PAIN Rx ON POSTOPERATIVE MOOD

	+V n=53	-V n=34	P	+PRx n=10	-PRx n=77	P
Restless	1.0	.5	*	1.2	.8	ns
Nervous	.7	.4	*	.8	.5	ns
Lively	.5	.9	*	.7	.6	ns
Edgy	.8	.4	ns	1.2	.5	ns
Uneasy	1.0	.6	*	1.1	.8	ns
Carefree	.8	1.3	ns	.9	1.0	ns
Anxious	1.0	.7	*	1.2	.8	ns
Energetic	.4	.5	*	.8	.4	ns

value = mean score for each group  
\* = P < .05 by Mann Whitney-U test

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**TITLE:** THE EFFECT OF KETOROLAC ON THE POSTOPERATIVE NARCOTIC REQUIREMENTS OF GYNECOLOGICAL SURGERY OUTPATIENTS

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**Introduction:** Ketorolac, an injectable NSAID, has been shown to have a morphine-sparing effect when administered to inpatients postoperatively.<sup>1</sup> We performed the following double-blind study to determine whether a single intramuscular dose of ketorolac would result in decreased postoperative narcotic requirements in outpatients.

**Methods:** The study was approved by the Institutional Review Board and informed consent was obtained. Fifty-seven adult, ASA I and II, gynecological surgery outpatients were randomly assigned to three groups. Group I received Ketorolac 60 mg (K60), Group II received Ketorolac 30 mg (K30) and Group III received placebo (P) intramuscularly 15-20 minutes before the end of surgery. All patients received general anesthesia with thiopental, succinylcholine, isoflurane, O<sub>2</sub>, and atracurium. Upon awakening, all patients were placed on a fentanyl PCA pump with settings of 25 mcg, 5 minute lockout, and 4 hour limit of 200 mcg. Fentanyl dosage and side effects were recorded for the recovery room and one day surgery unit. Patients assessed their pain on a 10 cm visual analog scale upon awakening and discharge from recovery, and upon arrival and discharge from the one day unit.

**Results:** Postoperative fentanyl usage was not significantly different among the three groups (Fig.1). Pain scores upon awakening tended to decrease with increasing Ketorolac dosage, but this difference was not statistically significant (Fig.2). There were no differences in narcotic side-effects among the three groups.

**Discussion:** A single I.M. dose of Ketorolac did not exhibit a postoperative narcotic-sparing effect in this group of patients when given at the end of the surgical procedure. Further study is indicated to evaluate the use of Ketorolac in the outpatient setting.

**Reference:** 1. Gillies GWA, et. al. *Anaesthesia* 42:727-731

