

## THE EFFECTS OF PREOPERATIVE PSYCHOLOGICAL STATUS ON THE INCIDENCE OF POSTOPERATIVE NAUSEA AND VOMITING FOLLOWING GYNECOLOGICAL LAPAROSCOPIC SURGERY

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**Introduction:** Postoperative nausea and vomiting (PONV) is the most common postoperative complication after gynecological laparoscopic surgery. It is unknown whether the occurrence of PONV is associated with the preoperative psychological status.

**Objectives:** To explore the effects of preoperative psychological status on the incidence of PONV following gynecological laparoscopic surgery.

**Aims:** To analyze the possible risk factors in order to prevent and treat PONV after gynecological laparoscopic surgery.

**Methods:** 101 cases patients who underwent gynecological laparoscopic surgery were enrolled. Self-rating anxiety scale (SAS) and self-rating depression scale (SDS) were used to assess the preoperative psychological state. Visual analog scale nausea (NVAS) was used to evaluate the occurrence of PONY within the postoperative 24 hours.

**Results:** 101 patients completed NVAS and 72 patients completed SAS and SDS.

The incidence of PONV was 45.5%. The standard score of SAS ( $49.14 \pm 8.01$ ) in PONV group was significantly higher than that in Non-PONV group ( $44.54 \pm 7.58$ )  $t=2.505$ ,  $P < 0.05$ . The ratio of preoperative anxiety patients ( $SAS \geq 50$ ) in PONV group (57%) was higher than that in Non-PONV group (30%) ( $\chi^2=5.513$ ,  $P < 0.05$ ). It showed that the occurrence of PONV was positively correlated with preoperative anxiety ( $r=0.277$ ,  $P < 0.05$ ).

There was no difference in the scores of SDS between two groups. No correlation was found between PONV and preoperative depression.

**Conclusions:** Higher level of anxiety before surgery may increase the risk of PONV. The patients undergoing gynecological laparoscopic surgery should reduce the level of anxiety with appropriate psychological counseling or prophylactic anti-anxiety drugs.