Journal of Anesthesia (2024) 38:729
https://doi.org/10.1007/s00540-024-03373-x

LETTER TO THE EDITOR

Letter to the article by Shirozu K, et al

Muhammed Halit Satıcı[1]

Received: 15 June 2024 / Accepted: 21 June 2024 / Published online: 3 July 2024

Keywords Anesthesia · Ondansetron · Postoperative nausea · Vomiting

To the Editor:

I am writing to comment on the recently published article by Shirozu K, et al., titled "Associations between ondansetron and the incidence of postoperative nausea and vomiting and food intake in Japanese females undergoing laparoscopic gynecological surgery: a retrospective study." [1]. This study provides valuable information on the incidence of postoperative nausea and vomiting (PONV) with ondansetron and postoperative food intake. Findings show a significant reduction in postoperative PONV, particularly with the use of ondansetron. However, Hormonal fluctuations play a crucial role in managing PONV. Studies have shown that premenopausal women experience higher rates of PONV compared to postmenopausal women, leading to a greater need for antiemetic interventions. [2]. The phase of the menstrual cycle also impacts PONV. Lower rates of PONV are observed during the luteal phase compared to the follicular or ovulation phases. [3]. Given that the study's patient population consisted entirely of women, examining their hormonal status or menstrual cycle phases could yield valuable insights. Such data could enable a more customized approach to anaesthesia and postoperative care, aligning with individual hormonal profiles and potentially enhancing patient outcomes. Understanding the role of hormonal fluctuations in PONV might also lead to more personalized intervention strategies, such as using ondansetron. An intriguing area for investigation in the future could be whether hormonal changes affect ondansetron's efficacy.

Thank you for considering our comments. Incorporating hormonal assessments into PONV studies could greatly improve our ability to manage this complex postoperative complication.

Acknowledgements None.

Funding None.

Data availability None.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

References

1. Shirozu K, Umehara K, Takamori S, Takase S, Yamaura K. Associations between ondansetron and the incidence of postoperative nausea and vomiting and food intake in Japanese female undergoing laparoscopic gynecological surgery: a retrospective study. J Anesth. 2024;38(2):185–90.
2. Medina-Diaz-Cortés G, Brancaccio-Pérez IV, Esparza-Estrada. Differences in postoperative pain, nausea, and vomiting after elective laparoscopic cholecystectomy in premenopausal and postmenopausal Mexican women. World J Surg. 2022;46:356–61.
3. Šimurina T, Mraovic B, Skitarelić N, Andabaka T, Sonicki Z. Influence of the menstrual cycle on the incidence of nausea and vomiting after laparoscopic gynecological surgery: a pilot study. J Clin Anesth. 2012;24:185–92.

This comment refers to the article available online at https://doi.org/10.1007/s00540-023-03295-0.

✉ Muhammed Halit Satıcı
halit_satici@hotmail.com

[1] Department of Anesthesiology and Reanimation, University of Health Sciences, Konya City Hospital, Akabe Mahallesi, Adana Çevre Yolu, Cad. No:135/1, Karatay, Konya 42020, Turkey