

# Effect of Pre-operative Aprepitant Administration on Post-operative Nausea and Vomiting in Anterior Skull Base Surgery

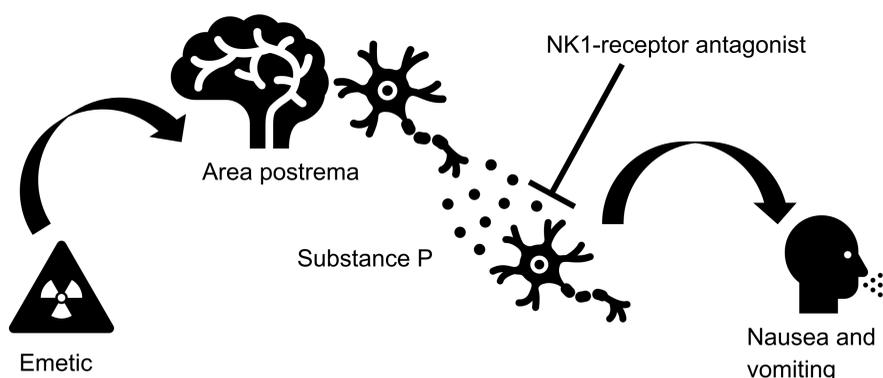


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## Introduction

- Post-operative nausea and vomiting (PONV) occurs in up to 80% of patients following sinonasal surgery<sup>1</sup>
- Targeted anti-emetic therapy may reduce risk of PONV thereby reducing risk of Valsalva-associated forces and subsequent bleeding or CSF leak in patients undergoing ESS<sup>2</sup>
- Aprepitant is a selective antagonist of the neurokinin-1 receptor (NK-1R) that blocks substance P<sup>3,4</sup>
- **Hypothesis:** pre-operative aprepitant will reduce the % of PONV in patients undergoing endoscopic skull base surgery (ESBS)



## Methods

Patients undergoing endoscopic skull base surgery (n = 63)

Pre-operative aprepitant (n = 22)

No pre-operative aprepitant (n = 41)

Matching analysis and multivariate regression

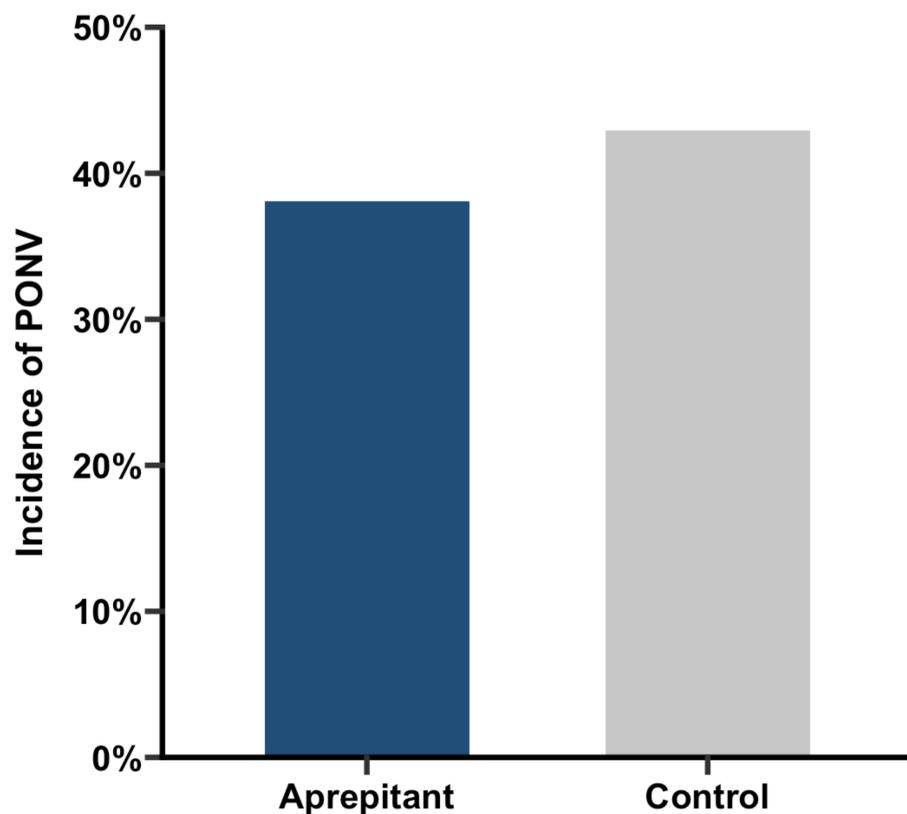
- Primary outcome – % of patients with PONV events
  - Matched analysis for age, sex, smoking status, and history of PONV
  - Multivariate logistic regression adjusting for age, sex, TIVA use, PONV history, smoking status, ASA score, procedural time, and intraoperative CSF leak
- Secondary outcome – post-operative bleeding event

## Results

Characteristic	Aprepitant, n (%)	Control, n (%)	Overall, n (%)
Number of patients	22	41	63
Age (years), mean [SD]	56.2 [17.8]	55.2 [17.2]	55.5 [17.4]
Sex			
Female	8 (36.4)	18 (43.9)	26 (41.3)
Male	14 (63.6)	23 (56.1)	37 (58.7)
TIVA use	6 (27.3)	16 (39.0)	22 (34.9)
PONV history	2 (9.1)	1 (2.4)	3 (4.8)
Smoking status	3 (13.6)	3 (7.3)	6 (9.5)
ASA score, mean [SD]	2.73 [0.54]	2.88 [0.45]	2.83 [0.49]
Procedure time (min), mean [SD]	232.6 [97.6]	248.6 [114.7]	243.0 [109.3]
Intra-op CSF leak	7 (31.8)	15 (36.6)	22 (34.9)

**Table 1.** Patient demographics. Abbreviations: SD, standard deviation; TIVA, total intravenous anesthesia; ASA, American Society of Anesthesiology; CSF cerebrospinal fluid

## Results



**Figure 1.** Incidence of PONV in patients who received pre-operative aprepitant compared to those that did not. Groups were matched for age, sex, smoking status, and history of PONV. (38.1% vs 42.9%, OR 0.86, p = 1.00)

Variable	OR	95% CI	p-value
Aprepitant given	0.52	0.13 – 1.86	0.32
Ondansetron given	0.53	0.06 – 3.50	0.52
Dexamethasone given	0.08	0.01 – 0.41	0.01 *
Scopolamine given	0.70	0.02 – 21.13	0.82
TIVA used	1.56	0.42 – 6.16	0.51
Smoker	3.28	0.31 – 43.97	0.33
ASA score	1.09	0.29 – 3.96	0.90
Procedural time	1.00	0.99 – 1.00	0.55
Intraoperative CSF leak	2.08	0.52 – 9.18	0.31

**Table 3.** Multivariate regression model of composite PONV endpoint with aprepitant administration and primary variable of interest with adjusted covariates. Abbreviations: PONV, post-operative nausea and vomiting; TIVA, total intravenous anesthesia; ASA, American Society of Anesthesiology; CSF, cerebrospinal fluid; OR, odds ratio; CI, confidence interval

## Conclusions

1. 41.3% of patients undergoing ESBS experienced PONV
  - 38.1% of patients who received pre-operative aprepitant experienced PONV
  - 42.9% of patients who did not receive pre-operative aprepitant experienced PONV
2. Post-operative bleeding rates did **not** change with pre-operative aprepitant
3. Despite targeted anti-emetic pharmacotherapy, rates of PONV in patients undergoing ESBS remain high

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