**Educação, Investigação e Apresentações**

**Título:** INFLUENCE OF INTRAOPERATIVE HYPOTENSION ON THE INCIDENCE OF POSTOPERATIVE NAUSEA AND VOMITING

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**Área Terapêutica/Tema:** Educação, Investigação e Apresentações (Education, Research and Presentation)

**Resumo:**

Background and objectives: Postoperative Nause and Vomiting (PONV) is one of the most common adverse events following anesthesia with estimated incidence of 20-30% in surgical population and 70-80% in high-risk patients. [1]

Intraoperative Hypotension (IOH) is also a very frequent adverse event. [2] It may trigger emesis as interferes with function of the vestibular apparatus and blood circulation to the brainstem. [3]

Therefore, the present study has been designed to determine the association between the degree and duration of IOH and the incidence of PONV.

Methods: We conducted a single-center, observational, prospective study in Portuguese-speaking adult patients admitted to non-cardiac surgery of intermediate or high risk according to ESC/ESA Guidelines on non-cardiac surgery between March 2020 and October 2020. Data was extracted from patient´s electronical clinical and anesthetic records in three different moments: pre-operative, intraoperative and the immediate postoperative period.

Two different definitions of IOH were considered: mean arterial pressure (MAP) less than 65 mmHg for at least 15 min or clinically important hypotension with systolic blood pressure (SBP) less than 90 mmHg requiring fluid ressuscitation, inotropic or vasopressor treatment. [2]

Results: A total of 45 patients were enrolled: 57,8% women, mean age 60,7 years. 66,7% were submitted to general anesthesia, 55,5% patients had two or more risk factors for PONV and in 46,7% of cases double PONV prophylaxis was used with drugs of different classes. During intraoperative period 68,9% and 24,4% of the patients had at least one episode of SBP less than 90 mmHg and MAP less than 65 mmHg, respectively. The median lowest SBP was 77 mmHg. 15,6% of our study population presented with PONV.

Conclusions: We could not find any statistically significance relation between the occurrence of IOH and PONV incidence. Despite that, we found that IOH definition used showed a weak to moderate correlation between them.

References: [1] Anesth Analg, 2020. 131(2): p. 411-448. [2] Br J Anaesth, 2019. 122(5): p. 563-574. [3] Anesth Analg, 2002. 94(6): p. 1652-5, table of contents.

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