

## A Comparative study of Efficacy, Tolerability, and Safety of Ondansetron and Metoclopramide for Postoperative Nausea and Vomiting in Elective Lower Segment Cesarean Section

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### Abstract

**Background:** Postoperative nausea and vomiting are some of the important post-surgical complications. Its adequate management is necessary because it may be distressing for both patients as well as the doctor. Therefore, the use of antiemetic agents is crucial during the post-operative period to prevent PONV. We in this study tried to compare the efficacy of prophylactic metoclopramide and ondansetron in Elective LSCS patients given spinal anesthesia. **Methods:** Present study was conducted in the Department of General Anesthesia, Prathima Institute of Medical Sciences, Karimnagar. Inclusion criteria were patients with ASA I and II grade undergoing elective LSCS who were willing to participate in the study. A total of n=50 patients divided randomly into two groups of n=25 each was done. Group I (metoclopramide) received 10mg I.V. 3-5min before surgery. In second Group II (Ondansetron) were randomly received ondansetron 4mg I.V. 3-5min before surgery. The patients were evaluated for episodes of nausea vomiting during the 1<sup>st</sup>, 2<sup>nd</sup>, 6<sup>th</sup> and 24 hours post-surgery other parameters were also monitored. **Results:** The incidence of PONV was found in 80% of group I patients and 40% of patients in Group II. Episodes of retching were found in 20% of group I and 4% of group II. The p values, however, found significant only during the 2<sup>nd</sup> hour between the two groups. The incidence of adverse reactions was minimal in both the groups with the group I having one patient with an episode of feeling drowsy or tiredness and one patient with tremors or shaking in arms and legs (Extrapyramidal symptoms). In group II one patient showed the presence of headache. In both, the groups the symptoms were self-limiting and managed adequately. **Conclusions:** As far as the efficacy and tolerability of ondansetron and metoclopramide are concerned, Ondansetron 4mg IV is found to be more efficacious than metoclopramide 10mg I.V. The episodes of PONV were lesser in Ondansetron group. Hence ondansetron must be considered for the management of PONV in elective LSCS if no other contraindication exists in patients.