

SUCCESSFUL INTRODUCTION OF MUSIC THERAPY FOR POST-OPERATIVE PAIN, ANXIETY AND NAUSEA IN THE ADULT ONCOLOGY PATIENT



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Introduction: Research shows music can move people and motivate us to overcome obstacles. Music therapy can lower stress, promote comfort and reduce pain for all ages, genders and race. Our proposal, Music therapy for the Post-Operative Pain, Anxiety and Nausea has the potential to positively impact Symptom Management, Wellness and Quality Improvement.

Identification of the problem: Post operatively there has been an increase in pain, anxiety and stress within the post-op period. This is reflected in the increased volume of narcotics, antiemetic, and benzodiazepines inventoried from pharmacy.

Purpose: Implementation of music therapies has been introduced in a six month trial. During this period we have had a positive patient outcome with a 20% decrease in medication administration. Also noted was a positive staff satisfaction.

Method: Overhead satellite radio has been installed with the ability to play a soothing musical variety. Data has been collected and compared over a six month period.

Significance of Findings/Outcomes: The initiation of instrumental study music has been introduced with positive verbal feedback from both patients and staff. In Fall 2018 we hope to complete Phase II Music initiative in ambulatory center/endoscopy recovery areas (Phase II recovery). We have found that musical therapies distract patients from pain, anxiety and fear. Literature states promoting well-being and calmness by musical distraction has increased post-operative satisfaction. A satisfied patient + happier nurses = improved hospital satisfaction. Unrelieved post-operative pain, nausea and anxiety may have a negative impact on our patients on a physiological and psychological well-being of patients. Such a small initiative has had such a huge impact on out patient population.

Implications for perianesthesia nurses and future research: Literature has shown over eighty percent of patients experience pain and nausea post operatively. Studies have found that patients exposed to music therapy have reported fifty percent less pain, anxiety and nausea. We hope to increase these outcomes.

INHALED PEPPERMINT AROMATHERAPY FOR TREATMENT OF POSTOPERATIVE NAUSEA AND VOMITING: A COMPLIMENT TO TRADITIONAL PHARMACOLOGICAL TREATMENTS



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Introduction: Postoperative nausea and vomiting (PONV) rates after surgery with general anesthesia have been estimated at 20% - 57%. There is strong evidence that demonstrates that female patients undergoing general anesthesia have a higher risk of PONV than males. Holistic approaches to treat nausea have been well studied, and provide a potential supplement or alternative to traditional pharmacological treatments, although strong evidence is lacking.

Identification of the problem: PONV after general anesthesia is an overwhelmingly common side effect and can greatly impact patients' recovery.

Purpose of the Study: This pilot study aimed to assess the impact of the inhalation of *Mentha piperita* (Peppermint oil) on early postoperative nausea in female patients.

Aims: This study investigated the use and effect of inhaled peppermint essential oil for 35 women undergoing laparoscopic abdominal surgery.

Method: Assessment of nausea was performed using the 4-point Visual Analogue Scale before and after discharge from the Post Anesthesia Care Unit (PACU). When reporting nausea, participants were given the option of using peppermint aromatherapy in addition to standard medications. For patients who utilized aromatherapy in the (PACU), ongoing postoperative aromatherapy use was monitored.

Results: Of patients who utilized the aromatherapy sniffer in the PACU, 88% continued to use it postoperatively once departing the PACU, demonstrating strong statistical significance ($X^2 = 11.774, p = .001$). Additionally, all participants who reported nausea in the PACU, and used the aromatherapy sniffer, reported a decrease in their nausea level.

Discussion: This project successfully showed a significant association between the use of aromatherapy in the PACU and postoperatively. Although nausea reduction was also appreciated in this study, the small sample size and lack of a control group limits interpretation.

Conclusions: The dramatic association of aromatherapy use in the PACU and use outside the PACU supports the hypothesis that patients may have perceived benefits from aromatherapy use. Providing aromatherapy, in addition to conventional pharmacological treatments, can empower nurses in managing PONV.

Implication for Future Research: Further research with larger sample sizes, control group analysis, and different essential oils and/or combination of essential oils would be valuable.

DECREASING THE INCIDENCE OF POST-OPERATIVE URINARY RETENTION (POUR) AND INCONTINENCE WITH THE TOTAL JOINT REPLACEMENT PATIENTS AFTER SPINAL ANESTHESIA IN THE POST ANESTHESIA CARE UNIT (PACU): A QUALITY IMPROVEMENT PROJECT



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Introduction: Patients with POUR can develop bladder atrophy, urinary incontinence and hypertension.

Identification of the problem: After spinal anesthesia, orthopedic patients frequently presented to PACU with full bladders