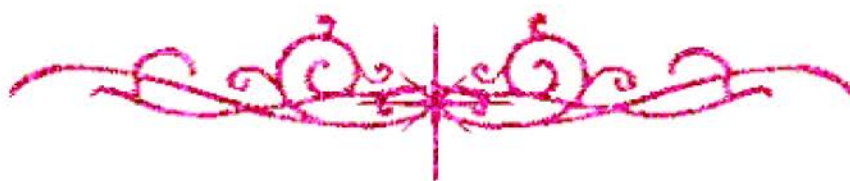


سامية محمد مصطفى



شبكة المعلومات الجامعية

# بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



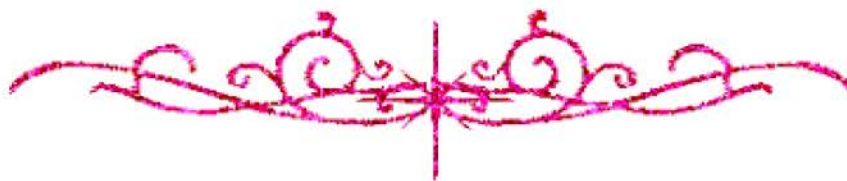
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شبكة المعلومات الجامعية



# شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



سامية محمد مصطفى



شبكة المعلومات الجامعية

# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

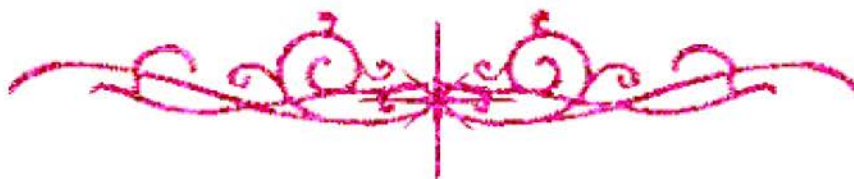
## قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
علي هذه الأقراص المدمجة قد أعدت دون أية تغييرات



## يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



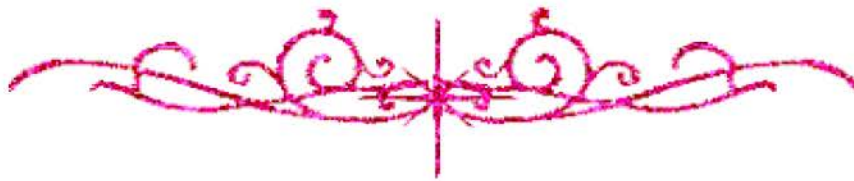
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# بعض الوثائق الأصلية تالفة



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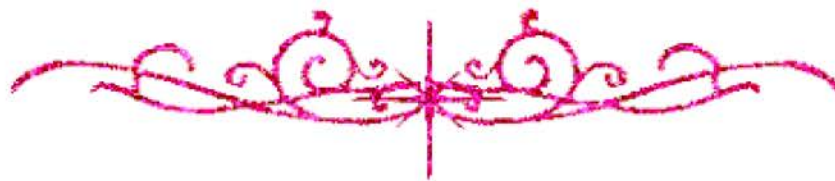


شبكة المعلومات الجامعية



بالرسالة صفحات

لم ترد بالأصل



بسم الله الرحمن الرحيم

**A STUDY of efficacy of clonidine for prevention  
of post anaesthetic nausea and vomiting after  
major abdominal surgery .**

**Thesis**

**Submitted to Faculty of Medicine University of Alexandria in  
Partial Fulfillment of the Requirement for the degree of**

**Master of Anaesthesiology and Surgical Intensive Care**

**By**

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# **INTRODUCTION**

## Postoperative nausea and vomiting (PONV):

PONV remains one of the most common and distressing complications after surgery. The incidence of PONV in certain patient subgroups undergoing surgery can be as high as 50-90%.<sup>(1)</sup> The peak incidence of PONV is roughly during the first six hours postoperatively.<sup>(1)</sup>

Persistent nausea and vomiting may result in dehydration, electrolyte imbalance and delayed discharge, particularly after outpatient surgery. It has been estimated that the risk of readmission related solely to intractable vomiting is 0.2%.<sup>(1)</sup>

Persistent retching, vomiting can cause tension on suture lines, venous hypertension, and increased bleeding under skin flaps, and can expose the patient to an increased risk of pulmonary aspiration of vomitus if the airway reflexes are depressed from the residual effects of anesthetic and analgesic drugs.<sup>(2)</sup>

Although frequently described as a "minor" postoperative complication, the incidence of severe nausea and vomiting has been estimated to be 1 in 1,000 (0.1%).<sup>(1)</sup>

In the very high-risk group, prophylactic management of PONV is associated with greater patient satisfaction than a strategy of simply waiting for a patient to develop persistent symptoms before administering any of the anti-emetic drugs.<sup>(2)</sup>