Penehyclidine for Prevention of Postoperative Nausea and Vomiting in Patients Undergoing Gynecological Laparoscopic Surgery Under Combined Intravenous and Inhalation Anesthesia: A Randomized, Double-Blind, Placebo-Controlled Trial [Letter]

Muhammed Halit Satici

University of Health Sciences, Konya City Hospital Department of Anesthesiology and Reanimation, Konya, Turkey

Correspondence: Muhammed Halit Satici, University of Health Sciences, Konya City Hospital, Department of Anesthesiology and Reanimation, Akabe mahallesi, Adana çevre yolu, Cad. No: 135/1, Karatay, Konya, 42020, Turkey, Tel +905455636333, Email halit_satici@hotmail.com

Dear editor

I am writing to comment on the recently published article by Zhao K et al, titled “Penehyclidine for Prevention of Postoperative Nausea and Vomiting in Patients Undergoing Gynecological Laparoscopic Surgery Under Combined Intravenous and Inhalation Anesthesia: A Randomized, Double-Blind, Placebo-Controlled Trial”.¹ This study provides important insights into treating postoperative nausea and vomiting (PONV) in women undergoing gynecological laparoscopic surgery, with a focus on the use of penehyclidine. The results show a significant decrease in PONV after surgery.

However, it is essential to consider the role of hormonal fluctuations in managing PONV. Studies reveal significant differences in PONV between premenopausal and postmenopausal women, with premenopausal women experiencing higher rates of PONV and requiring more antiemetic treatments.² Additionally, the menstrual cycle phase affects PONV, with lower rates seen during the luteal phase compared to the follicular or ovulation phases.³

Given that the study population consisted of women, analyzing hormonal status or menstrual cycle phases could provide more comprehensive insights. This could help customize anaesthesia and postoperative care to individual hormonal profiles, potentially enhancing patient outcomes.

Understanding how hormonal fluctuations influence PONV might also lead to more personalized intervention approaches, such as penehyclidine. Investigating whether penehyclidine’s effectiveness varies with hormonal changes could be an exciting avenue for future research.

I appreciate your consideration of our feedback. Integrating hormonal assessments into PONV studies could significantly improve our ability to manage this challenging postoperative complication.

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References

