

## **CHAPTER 5**

### **CONCLUSION AND RECOMMENDATION**

This study showed that 1 g of ginger was more efficacious than placebo in prevention of PONV in lower extremity surgery after intrathecal morphine. Ginger had more anti-nausea effect than anti-emetic effect. The patients who received ginger were found to have lesser severity of nausea than those who received placebo. When focusing on the different period, the incidence of PONV ginger group tended to lower than that in placebo group, but there was no statistically significant difference. Requirement of anti-emetic, time to first rescue anti-emetic, and anti-emetic episode per patient in both group did not differ. There were no statistically significant differences according to pruritus score, requirement of anti-pruritus, pain intensity, and requirement of analgesic. No any side effect was observed except urinary retention, which was the side effect of intrathecal morphine.

Because of its efficacy, low side effect and cost, 1 g of ginger oral at 1 hour before induction is recommended in prevention of PONV after intrathecal morphine.

Further studies in other types of surgery, patients and other anesthetic techniques are required. In addition, the studies that compare ginger and other anti-emetics and the studies of the efficacy of ginger combined with other anti-emetics are also needed. Dose response study and cost-effective study should be considered.