

25 September 2009  
Oral and Maxillofacial Surgery  
School of Dentistry  
Oregon Health & Science University  
611 SW Campus Dr  
Portland, OR 97239

Dear Dr Assael

Re: Prophylactic antiemetics in oral and maxillofacial surgery: a requiem? Sept 2009

I wish to raise a few concerns regarding the paper 'Prophylactic antiemetics in oral and maxillofacial surgery: a requiem?', Sept 2009 (Alexander, Krishnan et al. 2009).

Extensive, well conducted research has been done with regard to the incidence, causes, prophylaxis and treatment of postoperative nausea and vomiting (PONV). Patient and anaesthetic risk factors have been consistently identified as predictors of PONV, while surgery type has a poor relation to PONV (Gan, Meyer et al. 2003; Apfel, Korttila et al. 2004; Gan 2006). Due to the confounding effect and distribution of these risk factors, guidelines have been published suggesting how to conduct and present research related to PONV (Apfel, Roewer et al. 2002). The use of a PONV predictive score together with the administration of antiemetic prophylaxis and treatment of patients experiencing events would be deemed the minimum in any study examining PONV (Aspinall and Goodman 1995; Apfel, Roewer et al. 2002).

This study did not risk assess patients for PONV preoperatively (Apfel, Greim et al. 1998), did not administer prophylaxis to high risk patients (Gan, Meyer et al. 2003; Apfel, Korttila et al. 2004), did not treat patients with an existing and distressing problem (Macario, Weinger et al. 1999), and then exposed them to a potentially high risk and costly intervention (Vale and Kulig 2004). This study's methods and results are to be seriously questioned. The ethics of such a study design and the use of a potentially high risk intervention are concerning. The recommendations and conclusions that are come to, fly in the face of overwhelming evidence to the contrary and cannot go unchallenged.

Yours sincerely

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