

Abstract 1304**DUAL NK1-5HT3 ANTIEMETIC PROPHYLAXIS IMPROVES PATIENT SATISFACTION FOLLOWING METABOLIC BARIATRIC SURGERY: A RANDOMISED CONTROLLED TRIAL**

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Background

Metabolic bariatric surgery (MBS) is an effective treatment for severe obesity. Enhanced Recovery After Surgery (ERAS) protocols optimise perioperative care; however, postoperative nausea and vomiting (PONV) remains a major barrier, delaying early oral intake and worsening postoperative symptom burden.

Akynzeo (Netupitant 300 mg/Palonosetron 0.5 mg) is a dual NK1-5HT3 receptor antagonist with prolonged antiemetic activity that may improve recovery by improving symptom burden. While effective in chemotherapy-induced nausea and vomiting, evidence in the perioperative MBS setting remains limited.

Objectives

To evaluate patient-centred recovery outcomes following Akynzeo-based PONV prophylaxis in individuals undergoing MBS. Recovery outcomes included patient satisfaction visual analogue scale (VAS) scores, Quality-of-Recovery-15 (QoR-15) scores, length of stay (LOS), and medication cost, alongside the incidence and severity of PONV.

Methods

This prospective, double-blinded, randomised controlled trial was conducted at two Melbourne-based bariatric centres. Adults undergoing Laparoscopic Sleeve Gastrectomy (LSG) or Roux-en-Y Gastric Bypass (RYGB) were randomised 1:1 to receive Akynzeo or ondansetron-based prophylaxis within a standardised anaesthetic protocol.

Primary outcomes included PONV incidence at 24 hours postoperatively. Secondary outcomes included nausea severity, rescue antiemetic use, QoR-15 scores, patient satisfaction VAS scores, LOS, adverse events, and antiemetic acquisition costs.

Results

An interim analysis of 144 participants showed those receiving Akynzeo reported higher overall satisfaction VAS scores compared to standard prophylaxis (OR 2.13, 95% CI 1.11–4.17; $p=0.025$). There were no statistically significant differences between groups in QoR-15 scores or hospital LOS, with median LOS of two days in both arms.

Antiemetic acquisition costs were higher in the Akynzeo group compared with standard prophylaxis (\$88.29 vs \$15.63 per patient). The Akynzeo group demonstrated lower PONV incidence across the postoperative period, with comparable adverse events between groups.

Conclusions

Dual NK1-5HT3 receptor blockade with Akynzeo was associated with higher patient satisfaction following MBS. Improved control of PONV may support ERAS recovery pathways by reducing postoperative symptom burden and improving recovery experience. Although QoR-15 scores and length of stay were not significantly different, improved symptom control may still contribute to enhanced recovery outcomes. Further cost-effectiveness analyses are required to determine whether the greater acquisition cost of Akynzeo can be offset by reductions in rescue medication use or downstream hospital costs.

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