Letter to Editor/*Editöre Mektup*

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Comments on "Factors Affecting Postoperative Nausea and Vomiting in Sedated Patients for Interventional Radiology Procedures: A Prospective Observational Study"

"Girişimsel Radyoloji İşlemleri için Sedasyon Uygulanan Hastalarda Postoperatif Bulantı ve Kusmayı Etkileyen Faktörler: Prospektif Gözlemsel Çalışma" Üzerine Yorumlar

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Dear Editor,

I read with great interest the article by Tumer et al., titled *"Factors Affecting Postoperative Nausea and Vomiting in Sedated Patients for Interventional Radiology Procedures: A Prospective Observational Study"* (1). The authors are to be commended for addressing an important and increasingly relevant topic. As Interventional Radiology (IR) procedures continue to expand in scope and complexity, optimizing sedation practices and improving the management of postoperative nausea and vomiting (PONV) remain essential goals. This study contributes valuable data to a field in which prospective research is still relatively limited, and the authors should be congratulated for their efforts in generating clinical evidence in a challenging, non-operating room environment. While the study provides valuable insights, I respectfully wish to highlight several methodological considerations that may help strengthen future work on this topic.

First, although the sample size of 213 patients is considerable and strengthens the study's generalizability, the absence of a formal sample size or power calculation presents some limitations. Given the relatively low incidence of PONV observed, a power analysis would have ensured that the study was adequately equipped to detect clinically meaningful differences, particularly for secondary outcomes.

Second, sedation practices in IR can vary widely depending on patient factors and procedural complexity. For this reason, a more standardized sedation protocol—including clearly defined dosing strategies, titration methods, or target sedation levels—would facilitate stronger comparisons between patients. Although the authors reported the agents used, the lack of specific dosage information limits the interpretability of the observed associations between sedative combinations and PONV. Dose-dependent effects are well documented in anesthesia research, and including this information would enhance the study's methodological robustness (2).

Third, PONV assessment using the Abramowitz emetic scoring system is appropriate; however, the dichotomization of scores into "presence" or "absence" of symptoms eliminates important gradations of severity. Retaining ordinal categories or analyzing severity levels could provide a more nuanced understanding of how different sedative combinations influence clinical outcomes.

Lastly, although a multivariate logistic regression model was performed, the inclusion of only a limited number of variables may have underrepresented other potentially relevant confounders. Interventional radiology patients often present with diverse comorbidities and undergo heterogeneous procedures, and accounting for these factors could strengthen the interpretability of the findings (3).

Despite these limitations, the authors should be congratulated for highlighting the significance of PONV in IR sedation—a subject that deserves greater attention. Their work lays a valuable foundation for more comprehensive future studies aimed at refining sedation strategies and improving patient safety.

Thank you for the opportunity to comment on this thoughtful and clinically meaningful article.

Sincerely

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REFERENCES

1. Tumer M, Bayrak C, Eldem FG, Unal E, Peynircioglu B, Karagoz AH. Factors affecting postoperative nausea and vomiting in sedated patients for interventional radiology procedures: A prospective observational study. JARSS 2025;33(4):271-6.
2. Gan TJ, Belani KG, Bergese S, et al. Fourth consensus guidelines for the management of postoperative nausea and vomiting. Anesth Analg 2020;131(2):411-48.
3. Apfel CC, Heidrich FM, Jukar-Rao S, et al. Evidence-based analysis of risk factors for postoperative nausea and vomiting. Br J Anaesth 2012;109(5):742-53.