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Feeling sick after your anaesthetic

> **The short version.** Nausea and vomiting after surgery are common and treatable. If you have felt sick after an anaesthetic before, or you get motion sickness, tell me — I will change the plan to reduce the chance of it happening again.

Roughly one in three people feel some nausea after an operation, and around one in ten vomit. It is not a sign that something has gone wrong, and it is not something you have to endure quietly.

Why it happens

Several things combine: the anaesthetic drugs themselves, opioids given for pain, the surgery (especially abdominal, gynaecological, ear/nose/throat and eye surgery), the drop in blood pressure on standing, dehydration from fasting, and your own tendency to it. Being a non-smoker, being female, and having had it before all raise the risk.

What we do about it

- We give anti-nausea medicines during the operation to people at higher risk, often two or three different ones that work in different ways.
- We avoid the anaesthetic drugs most likely to cause it where we can, and keep opioids to what is needed.
- We keep you hydrated and get you sitting up gradually rather than suddenly.

What helps at home

- Small sips of water, clear fluids, then bland food — toast, crackers, rice, plain biscuits — as you feel able.
- Avoid strong smells, fatty or spicy food, and alcohol for a day or two.
- Take the anti-nausea tablets you were given before the feeling builds, not after you have vomited.
- Get up slowly, in stages, if you feel dizzy.
- Ginger, acupressure wrist bands and fresh air help some people; the evidence is weak, but they are harmless.

> **Contact us if:** you cannot keep fluids down for more than a few hours, you are passing very little urine, you feel faint on standing, you are vomiting blood or dark material, you have a severe headache with a stiff neck, or you have chest pain or trouble breathing. Persistent vomiting can cause dehydration and a kidney problem, and it should not be left for days.

If nausea is the thing you remember most about a previous anaesthetic, say so at the consultation. It is one of the most useful pieces of history you can give me.

On your phone: anaesthesia.herman.au/p/7

Scan to read on your phone

Prepared by Dr Herman Lim for patients of his anaesthetic practice · version 1.0, 27 November 2026.

Risk factors and management principles are standard Australian anaesthetic practice and are reflected in ANZCA **PG07 (2024)** on the pre-anaesthesia consultation; there is no college position statement specific to postoperative nausea and vomiting, so the practical advice here is the practice-based part of this set.

This pamphlet is general information and does not replace individual advice. If my rooms, your surgeon or your hospital have given you different instructions, **those instructions take priority** over anything written here.