

**Supplementary Table I.** Studies evaluating GI symptoms following mammoplasty

Author & Publication year	Study Type	Country	GI symptoms	Procedure of Surgery	Sedative agents/Anesthesia	Pharmacological Drugs	Non-Pharmacological methods	No. of subjects	No. patients with symptoms	statistical significance (p-value/odds)
<b>Enqvist et al. 1997 [18]</b>	Prospective, Randomised and blinded controlled study	Sweden	Nausea and vomiting (PONV), Emesis/Wretching	Elective breast reduction	Midazolam/thiopentone-fentanyl-suxamethonium and isoflurane N20/02: LOCAL	<b>Postop:</b> Ketogan, Dixyracine (for PONV if needed)	Preoperative Hypnosis "audio type"	48 (50 with 2 exclusions)	<b>Nausea:</b> Control group: 20; Hypnosis group: 10 / <b>Vomiting:</b> Control group: 17; Hypnosis: 9	<b>Post op nausea:</b> p=0.009; <b>vomiting:</b> p=0.049
<b>White et al. 2001 [16]</b>	Double-blind, randomized controlled trial	UK	Nausea and vomiting (PONV)	Major breast reconstructive surgery	Propofol, fentanyl, isoflurane GENERAL	Diamorphine, diclofenac, ondansetron	Saline	80	<b>Ondansetron grp- Nausea:</b> 28 patients, <b>Vomiting:</b> 19 patients (7 patients had both N&V); <b>Placebo- Nausea:</b> 31 patients, <b>Vomiting:</b> 24 patients (15 patients had both N&V).	<b>Ondansetron Group:</b> p=0.01; <b>Nausea severity:</b> p=0.013 ; Nausea: p=0.62, Vomiting p=0.37
<b>Loewen et al. 2003 [9]</b>	Randomized, double-blinded, prospective, parallel-group trial	Canada	Nausea and vomiting, Emesis/Wretching, Dry mouth	TRAM flap breast reconstruction surgery	Propofol, Fentanyl, Rocuronium or Succinylcholine GENERAL	Droperidol 1 mg, Dolasetron 50 mg	N/A	66 On-treatment	<b>Intention to treat population (ITTP): Overall: PONV:</b> 57 patients <b>Severe nausea (SN):</b> 29, <b>Emesis(E):</b> 33, <b>Severe nausea OR emesis:</b> 40; <b>On Droperidol-POVN=</b> 27, SN=13, E= 17, SN or E= 19 ; <b>On Dolasetron-POVN=</b> 30, SN= 16, E= 16, SN or E= 21	<b>(ITTP)-PONV:</b> p=0.8, Emesis: p=0.4, Sev. Nausea: p=0.8, Severe Nausea or emesis: p=0.8; <b>On-treatment population-PONV:</b> p=1.0, Emesis: p=0.5, Severe Nausea: p=0.7, Severe Nausea or emesis: p=0.9

<b>Purhonen et al. 2005 [17]</b>	Randomized Controlled Trial	Finland	Nausea and vomiting (PONV)	Breast surgery (Mastectomy - partial or radical, Mastectomy and breast reconstruction, Breast reconstruction)	Sevoflurane, Fentanyl, Propofol, Rocuronium GENERAL	Ondansetron, Droperidol, Dexamethasone, Neostigmine, Glycopyrrolate, Phenylephrine	Supplemental Oxygen (80% and 30%)	85	<b>Nausea- Group 30%:</b> 25 patients; <b>Group 80%:</b> 23 patients; <b>Group O:</b> 15 patients. <b>Vomiting: Group 30%:</b> 18 patients; <b>Group 80%:</b> 19 patients; <b>Group O:</b> 9 patients	<b>PONV in groups:</b> p<0.05 <b>group O</b> vs. <b>group 30;</b> p < 0.01, group O vs. group 30; p < 0.05, group 80 vs. group O.
<b>Romunstad et al. 2006 [24]</b>	Randomized, double blinded parallel group study	Norway	Nausea and Vomiting	Breast augmentation surgery	LA: Lidocaine 10 mg/mL with adrenaline; GA: Propofol/fentanyl sedation GENERAL + LOCAL	Methylprednisolone, parecoxib	N/A	204	N/A	Group with methylpred 30% only with PONV: p<0.001
<b>Roth2007 et al. [10]</b>	Prospective cohort design.	USA	Abdominal pain & tightness	Postmastectomy breast reconstruction procedures, including TRAM flap and implant surgeries	N/A	N/A	N/A	294	Unspecified	<b>TRAM subjects</b> abdominal pain more than <b>implant subjects:</b> p<0.0001; <b>2 year follow up:</b> 16% abdominal pain, 46% abdominal tightness.
<b>Eldor et al. 2008 [23]</b>	Retrospective study	Romania, Israel	Nausea and vomiting/emesis	Breast augmentation surgery	General Anesthesia (GA): Midazolam, fentanyl, propofol, rocuronium, nitrous oxide, isoflurane, neostigmine, atropine; Monitored Anesthesia Care (MAC): Midazolam, fentanyl, propofol, nitrous oxide GENERAL + LOCAL	Metoclopramide, dypirone (Optalgin) syrup, acetaminophen, diclofenac sodium, neostigmine, atropine, lidocaine, marcaine	N/A	115	Vomiting frequency in: <b>GA:</b> 18 patients (39.1%); <b>MAC:</b> 11 patients (15.9%)	Vomiting more frequent in GA group - <b>p&lt;0.01</b>
<b>Kryger et al. 2008 [19]</b>	Prospective trial study	USA	Nausea and vomiting	Bilateral breast reduction surgery	Local anesthesia: Bupivacaine (Marcaine) LOCAL	Hydromorphone, Hydrocodone, acetaminophen, ondasetron	Pain pump (using marcaine)	98	N/A	MC grp ponv: p<0.05 (significant)

<b>Rawlani et al. 2008 [20]</b>	Randomized Controlled Trial	USA	Nausea and Vomiting	Bilateral breast reduction surgery	Local anesthesia: Bupivacaine (Marcaine) LOCAL	Hydromorphone, Hydrocodone, acetaminophen, ondasetron	Pain pump (using marcaine)	31	N/A	MC grp ponv: p<0.05 (significant)
<b>Tan et al. 2009 [11]</b>	Retrospective Review (Clinical Study)	Australia	Nausea, vomiting (abdominal pain from procedure)	TRAM flap breast reconstruction surgery	ropivacaine LOCAL	3mg Oxycodone, 12.5mg stemetil, Morphine	N/A	46	N/A	N/A
<b>Wheble et al. 2013 [12]</b>	Retrospective analysis	UK	Nausea, vomiting, constipation	autologous breast reconstruction - DIEP	Morphine (TAP block) LOCAL	Morphine IV	N/A	27	<b>TAP block grp:</b> 8 patients; non-TAP block: 15	PONV episodes between 2 groups - p=0.03
<b>Fahy et al. 2014 [25]</b>	Retrospective cohort study	USA	Nausea and Vomiting	Uni/bilateral Mastectomy with or without PVB	midazolam, fentanyl for sedation GENERAL + bupivacaine (for bilateral plus epinephrine) SPINAL REGIONAL PVB	iv morphine, fentanyl, meperidine, oral oxycodone, morphine, antiemetics (unspecified)	N/A	526	<b>Non-PVB:</b> approx. 168 patients; <b>PVB:</b> approx. 91 patients	Non-PVB vs PVB: p<0.0001
<b>Manahan et al. 2014 [14]</b>	Retrospective chart review	USA	Nausea and Emesis	DIEP flap breast Reconstruction	IV propofol GENERAL	dexamethasone, droperidol, promethazine, transdermal scopolamine (investigated, not necessarily used)	N/A	29	<b>Nausea:</b> 22 patients; <b>Emesis:</b> 19 patients; <b>75% of patients experienced PONV</b>	Risk factors inrelation to outcomes and PONV: p<0.05 (Significant)
<b>Lou et al. 2016 [13]</b>	Retrospective chart review	China, USA	Nausea and vomiting (PONV)	DIEP flap breast Reconstruction	GENERAL Anesthesia: Propofol, Sufentanil, Rocuronium; EPIDURAL anesthesia: 0.25% ropivacaine	Dexamethasone, Granisetron, Sufentanil (Post op pain), Ephedrine, phenylephrine	N/A	95	<b>Nausea (0-2h, 2-6h, 6-24hr, 0-24h): EA/GA group:</b> 19, 25, 7, 25 patients; <b>GA group:</b> 33, 33, 21, 35 patients; <b>Vomiting (0-2h, 2-6h, 6-24hr, 0-24h): EA/GA group:</b> 7, 10, 3, 14 patients. <b>GA:</b> 19, 26, 9, 28 patients	<b>Nausea 0-24hrs:</b> p=0.005; <b>Vomiting 0-24:</b> p=0.001

<b>Rivedal et al. 2018 [21]</b>	Retrospective study	USA	Nausea and vomiting (PONV)	Reduction mammoplasty	(PVB - REGIONAL) paravertebral block: Bupivacaine, epinephrine (GENERAL)	Postop: Tylenol, morphine, oxycodone	saline	264	<b>GA+PVB:</b> 14.55%; <b>GA alone:</b> 33.01%	p=0.07
<b>Mulier et al. 2020 [15]</b>	Retrospective Cohort study	Belgium	Nausea and vomiting (PONV)	DIEP flap breast Reconstruction	GENERAL Anesthesia: Sevoflurane, propofol, remifentanyl, rocuronium	Dexmedetomidine, ketamine, lidocaine, Sufetanyl, Paracetamol, ketorolac	N/A	204	<b>Nausea:</b> Opioid free anesthesia: 12.7%; Opioid Anesthesia: 43.6%; <b>Vomiting:</b> OFA: 1.8%; OA: 6.7%	P<0.05 for PONV
<b>Wang et al. 2020 [27]</b>	Prospective cohort design.	China	Nausea and Vomiting	Breast cancer surgery w/o reconstruction	GENERAL: Sufentanyl, propofol, cis-atracurium, sevoflurane	Ondansetron, dexamethasone, flurbiprofen axetil, Tramadol	Mechanical ventilation - 2 L/min 60% Oxygen.	115	<b>SNVP</b> grp: 14 (51.9%); <b>MNVP</b> group: 19 (21.6%)	<b>PONV</b> in study groups vs. control group: p=0.002
<b>Moon et al. 2021 [26]</b>	Retrospective study	South Korea	Nausea and vomiting (PONV)	Robotic/non-robotic Nipple sparing mastectomy	GENERAL: glycopyrrolate, propofol rocuronium, remifentanyl; maintenance: sevoflurane/desflurane	Postop: Fentanyl, ramosetron, paracetamol, Mypol (Codeine phosphate and ibuprofen), Antiemetics: Metoclopramide, ramosetron	Mechanical ventilation (I:E) ratio of 1:2, positive end-expiratory pressure of 5 cmH2O)	81	<b>Nausea (PACU, 0-6hrs, 6-24hrs):</b> RNSM: 8, 14, 15; CNSM: 7, 19, 12 <b>Vomiting (PACU, 0-6hrs, 6-24hrs):</b> RNSM: 2, 6, 2; CNSM: 3, 12, 6	p>0.05
<b>Salviz et al. 2023 [22]</b>	Historical Cohort study	Turkey, USA	Nausea and vomiting (PONV)	Bilateral breast reduction mammoplasty	<b>GENERAL anesthesia:</b> Fentanyl, propofol, rocuronium, sevoflurane; <b>Sedation:</b> Midazolam IV, fentanyl IV; <b>TPVB (regional):</b> bupivacaine	Atropine, Ephedrine, paracetamol, neostigmine, tramadol	N/A	79	<b>PONV:</b> Group NO: 6 patients (21%); Group Ob: 12(24%) patients	p=0.735

N/A: not applicable; GI: gastrointestinal; PONV: post-operative nausea and vomiting; N: nausea; V: vomiting; SN: severe nausea; E: emesis; LA: local anesthesia; GA: general anesthesia; MAC: monitored anesthesia care; TAP: transversus abdominis plane; IV: intravenous; PVB: paravertebral block; TPVB: thoracic paravertebral block; Post-op: post operative; TRAM: transverse rectus abdominis myocutaneous; DIEP: deep inferior epigastric perforator; MC group: marcaine group; RNSM: robotic nipple sparing mastectomy; CNSM: conventional nipple-sparing mastectomy; I:E ratio: inspiration:expiration ratio; grp: group; ITTP: intention to treat population; PACU: Post anesthesia care unit; SNVP: severe nausea and vomiting during pregnancy; MNVP: mild nausea and vomiting during pregnancy; group O: group with oxygen; Group NO: patients with no obesity; Group Ob: patients with obesity.

**Supplementary Table II.** Cochrane Risk of Bias Tool for RCTs

Domain	Enqvist et al. 1997 [18]	White et al. 2001 [16]	Loewen et al. 2003 [9]	Purhonen et al. 2005 [17]	Kryger et al. 2008 [19]	Rawlani et al. 2008 [20]	Romunstad et al. 2006 [24]
<i>Selection bias – Random sequence generation</i>	-	-	-	-	?	-	-
<i>Selection bias – Allocation concealment</i>	-	-	-	?	?	-	-
<i>Performance bias – Blinding (participants and personnel)</i>	-	-	-	-	?	-	-
<i>Detection bias – Blinding (outcome assessment)</i>	?	-	-	-	?	-	-
<i>Attrition bias – Incomplete outcome data</i>	-	?	-	-	-	-	-
<i>Reporting bias – Selective reporting</i>	-	-	-	-	-	-	-
<i>Other bias – Other sources of bias</i>	?	+ :1 randomization broken	?	+ (extra patients enrolled, small discrepancies present due to small trials, study underpowered)	?	+ (small sample size)	+ (problem with interpreting pain intensity data)

+, :high risk; -, : low risk; ?, : unclear risk of bias.

**Supplementary Table III.** The Newcastle-Ottawa Scale (NOS) for assessing the quality of cross-sectional studies

Study	Selection				Comparability		Outcome	Score
	Sample representativeness	Sample size	Non-Respondents	Ascertainment of the exposure (risk factor)	Comparability	Assessment of the outcome	Statistical test	
<i>Roth et al. 2007 [10]</i>	*	*	*	**	**	*	*	9
<i>Tan et al. 2009 [11]</i>	*	*	*	**	**	**	*	10
<i>Wheble et al. 2013 [12]</i>	*	*	*	**	**	**	*	10
<i>Lou et al. 2016 [13]</i>	*	*	*	**	**	**	*	10
<i>Manahan et al. 2014 [14]</i>	*	*	*	**	**	**	*	10
<i>Mulier et al. 2020 [15]</i>	*	*	*	**	**	**	*	10
<i>Rivedal et al. 2018 [21]</i>	*	*	*	**	**	**	*	10
<i>Salviz et al. 2023 [22]</i>	*	*	*	**	**	**	*	10
<i>Eldor et al. 2008 [23]</i>	*	*	*	**	**	**	*	10
<i>Fahy et al. 2014 [25]</i>	*	*	*	**	*	**	*	9
<i>Moon et al. 2021 [26]</i>	*	*	*	**	**	**	*	10
<i>Wang et al. 2020 [27]</i>	*	*	*	**	**	**	*	10