The age, sex, physical state, type of surgery, duration, history of previous surgery in the lower limbs and presence (or not) of bladder catheterization will be recorded. Patients will be randomly allocated into three groups according to computer generated program sequence (www.random.org):

Group D. Dexamethasone 8 mg.
Group O. Ondansetron 4 mg.
Group P. Distilled water.

For each patient, the solution to be administered will be determined after opening the opaque and sealed envelope and containing the study group for that case. The patients involved and the researchers responsible for collecting the data will not be aware of the allocation. The solutions will be prepared by a professional not participating in the study by diluting the chosen agent in physiological solution or distilled water until the volume of 5 mL is complete. After the pre-anesthetic evaluation, QoR40 questionnaire and entry into the operating room, all patients will be monitored with cardioscopy, noninvasive blood pressure and pulse oximetry. After venoclysis, midazolam will be administered intravenously prior to anesthesia at titrated doses until grade 3 or 4 sedation is achieved according to the Ramsay scale11. With the patient in a sitting position, the subarachnoid puncture will be performed in the interspace L2-L3 or L3-L4 using 26G needle tip Quincke (B. Braun Melsungen S.A). Anesthesia will be obtained with a 0.5% hyperbaric bupivacaine injection (20 to 30 seconds) (Cristália Produtos Químicos e Farmacêuticos Ltda) at a dose of 17.5 mg if you weigh> 70 kg and / or expected duration> 150 minutes or 15 mg if weight <70 kg, associated with morphine (0.1 mg) without preservative (Cristália Produtos Químicos e Farmacêuticos Ltda.). The hydration will be maintained with lactated Ringer's solution. In case of failure of the block, the anesthetic procedure will be repeated or the technique will be modified for general anesthesia and the case will also be excluded. The perioperative sedation will be performed with the use of midazolam in titrated doses (up to 10 mg) or with propofol with infusion rate necessary to obtain a level equal to or greater than 4 according to the scale proposed by Ramsay.

The interviews will be performed in the ward, the morning after the surgery, by a student of the medical course, unrelated to the anesthetic procedure performed. After the explanation of the completion, the questionnaire will be answered by the patient with the interviewer at his side to clarify possible doubts. The QoR-409 has 40 questions divided into 5 dimensions: emotional state (9 questions), physical comfort (12 questions), psychological support (7 questions), physical independence (5 questions) and pain (7 questions). Each question relates to its frequency of occurrence, according to the Likert scale: "in no time", "some moments", "frequent", "most of the time" and "all time". Each of the terms indicative of frequency of occurrence was assigned a number from 1 to 5.

The questionnaire has two parts: A and B. In part A, the questions indicate positive aspects the higher the frequency of occurrence. In part B, the reverse occurs. Thus, in part A, the term "at no time" is represented by 1, "some moments" is represented by 2, "frequent" is represented by 3, "most of the time" is represented by 4 and "all time" is represented by 5.

In part B, "in no time" is represented by 5, "some moments" is represented by 4 and so on. The total possible score for QoR-40 ranges from 40
(poor recovery) to 200 points (excellent recovery). The analysis of variance to evaluate the difference between the 3 groups with regard to the parametric vowels. Non-parametric data will be analyzed by the Kruskal-Wallis test, followed by the Mann-Whitney test where appropriate. Value of p <0.05 will be considered statistically significant.