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ASA: Acupuncture Points to Easier Surgical Recovery

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Published: October 16, 2007

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SAN FRANCISCO, Oct. 16 -- Acupuncture immediately before surgery may reduce postoperative pain, allowing for lower opioid analgesic doses, researchers found.

Acupuncture reduced rates of postoperative nausea by 32%, pruritus by 25%, dizziness by 38%, and urinary retention by 71% compared with controls, according to a meta-analysis presented at the American Society of Anesthesiologists' meeting here.

"Acupuncture and related techniques are an effective adjunct for postoperative pain management as demonstrated by a significant reduction in postoperative pain scores and opioid consumption," said Tong Joo Gan, M.D., of Duke in Durham, N.C., and colleagues.

The acupuncture procedures were mainly begun in the 30 minutes before surgery, and the needles were often left in place during the procedure, said Dr. Gan.

Many studies have shown acupuncture effective in reducing postoperative nausea and vomiting compared with other medications, and numerous small clinical trials have shown acupuncture may help manage postoperative pain as well.

The mechanism is not clear, but some research suggests that acupuncture may stimulate the release of hormones or endorphins, "like our own body morphine," Dr. Gan said.

"Your body endorphins, while reducing the level of pain, don't produce the opioid-related side effects," he said.

He and colleagues identified 15 small randomized placebo controlled trials of acupuncture or related techniques, such as acupressure or moxibustion, for postoperative pain in their literature search from 1966 through 2007. The studies ranged in size from 25 to 98 participants for a pooled total of 664 patients.

Postoperative pain was significantly lower with acupuncture than non-acupuncture controls at every time point. The weighted

Action Points

- Explain to interested patients that the study supported the use of acupuncture as an adjunct for postoperative pain management and reducing side effects from analgesics.
- This study was published as an abstract and presented orally at a conference. These data and conclusions should be considered to be preliminary as they have not yet been reviewed and published in a peer-reviewed publication.

mean difference in visual analog pain scores was:

- -14.57 mm at eight hours after surgery (95% confidence interval -23.02 to -6.13).
- -8.16 at 24 hours postoperatively (95% CI -10.82 to -5.49).
- -9.75 mm at 72 hours (95% CI -13.82 to -5.68).

Likewise, postoperative opioid analgesic use among patients who underwent acupuncture was significantly lower at every time point through 72 hours compared with patients who did not receive acupuncture. The weighted mean difference in morphine-equivalent consumption favoring acupuncture was:

- -2.37 mg at eight hours after surgery (95% CI -3.20 to -1.54).
- -8.16 mg at 24 hours after surgery (95% CI -10.82 to -5.49).
- -7.74 mg at 72 hours after surgery (95% CI -12.08 to -3.40).

As could be expected, the most common opioid-related side effects were also less common among patients in the acupuncture group compared with the control group. The findings included:

- Lower incidence of nausea (relative risk 0.68, 95% CI 0.57 to 0.8).
- Fewer cases of pruritus (RR 0.75, 95% CI 0.59 to 0.97).
- A lower rate of urinary retention (RR 0.29, 95% CI 0.12 to 0.74).
- Reduced incidence of dizziness (RR 0.62, 95% CI 0.49 to 0.79).

Side effects potentially related to acupuncture were similar between groups and all resolved spontaneously.

Furthermore, these techniques are inexpensive and have few if any side effects when done by properly trained personnel, Dr. Gan added.

The Duke group is studying the exact mechanism behind acupuncture's effects on postoperative pain, nausea, and other opioid-related side effects.

The meta-analysis was supported by Duke's Department of Anesthesiology. Dr. Gan reported no conflict of interest.

Primary source: American Society of Anesthesiologists meeting


Source reference:

Sun Y, et al "Acupuncture and Related Techniques for Acute Postoperative Pain--A Systematic Review" ASA meeting 2007; A1746.

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