Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Lederer 2018 1
1.2. Special outcome 1
1.2.1. Length of stay and hospitalization costs 1
1.2.1.1. Liu 2024 1
1.3. Preclinical and mechanistic systematic reviews 2
1.3.1. Zheng 2026 2
2. Overviews of Systematic Reviews 3
2.1. Davies 2025 3
2.2. Lee 2014 3

Perioperative Care

Soins péri-opératoires : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Lederer 2018

Lederer AK, Schmucker C, Kousoulas L, Fichtner-Feigl S, Huber R. Naturopathic Treatment and Complementary Medicine in Surgical Practice. Dtsch Arztebl Int. 2018;115(49):815-821. [200295].

Background	Many patients in Germany use naturopathic treatments and complementary medicine. Surveys have shown that many also use them as a concomitant treatment to surgery.
Methods	Multiple databases were systematically searched for systematic reviews, controlled trials, and experimental studies concerning the use of naturopathic treatments and complementary medicine in the management of typical post-operative problems (PROSPERO CRD42018095330).
Results	Of the 387 publications identified by the search, 76 fulfilled the inclusion criteria. In patients with abnormal gastrointestinal activity, acupuncture can improve motility, ease the passing of flatus, and lead to earlier defecation. **Acupuncture and acupressure can reduce postoperative nausea and vomiting, as well as pain**. More-over, aromatherapy and music therapy seem to reduce pain, stress and anxiety and to improve sleep. Further studies are needed to determine whether phytotherapeutic treatments are effective for the improvement of gastrointestinal function or the reduction of stress. It also remains unclear whether surgical patients can benefit from the methods of mind body medicine.
Conclusion	Certain naturopathic treatments and complementary medical methods may be useful in postoperative care and deserve more intensive study. In the publications consulted for this review, no serious side effects were reported.

1.2. Special outcome

1.2.1. Length of stay and hospitalization costs

1.2.1.1. Liu 2024

Liu Y, Fan J, Zhang X, Xu W, Shi Z, Cai J, Wang P. Transcutaneous electrical acupoint stimulation reduces postoperative patients' length of stay and hospitalization costs: a systematic review and meta-analysis. Int J Surg. 2024 Aug 1;110(8):5124-5135.
https://doi.org/10.1097/JS9.0000000000001598

Objective	To study the effects of transcutaneous electrical acupoint stimulation (TEAS) on length of stay (LOS) and hospitalization costs in postoperative inpatients.
Methods	Two researchers searched PubMed, Embase, Cochrane Library, China Network Knowledge Infrastructure, and Wanfang Database from database inception to 25 April 2023 to identify randomized controlled trials. Statistical analyses were performed using Stata 16.0. Risk of bias was assessed with the Cochrane risk-of-bias tool. Publication bias was evaluated using funnel plots and Egger's test. Certainty of evidence was assessed using the GRADE approach.
Results	Thirty-four randomized controlled trials were included. TEAS significantly reduced hospitalization costs (SMD −1.92; 95% CI −3.40 to −0.43), overall LOS (SMD −1.00; 95% CI −1.30 to −0.70), and postoperative LOS (SMD −0.70; 95% CI −0.91 to −0.49). Subgroup analyses showed consistent reductions in both overall and postoperative LOS across multiple surgical procedures. Heterogeneity was substantial and likely related to differences in surgical types, stimulation frequencies, and acupoint selections.
Conclusion	TEAS appears to reduce length of stay and hospitalization costs in postoperative patients. However, due to heterogeneity and identified risk of bias, these findings should be interpreted with caution and confirmed by further high-quality trials.

1.3. Preclinical and mechanistic systematic reviews

1.3.1. Zheng 2026

Zheng W, Gao J, Zhang Y, Wang B, Zhou Y, Wen J, et al. Effect of Transcutaneous Electrical Acupoint Stimulation on Perioperative Stress and Inflammatory Responses: A Systematic Review and Meta-Analysis. J Pain Res. 2026;19:644024. https://doi.org/10.2147/JPR.S644024

Background	Perioperative stress and inflammatory responses can impair postoperative recovery. Transcutaneous electrical acupoint stimulation (TEAS) is a noninvasive adjunctive intervention increasingly used in perioperative care. This systematic review and meta-analysis evaluated its effects on perioperative hemodynamic stress and postoperative inflammatory responses.
Methods	The review followed PRISMA 2020. PubMed, CNKI, Web of Science, Ovid, Scopus, and other databases were searched from inception to September 2026 for randomized controlled trials evaluating TEAS for perioperative stress or inflammatory responses. Primary outcomes were heart rate (HR) and mean arterial pressure (MAP) at the end of surgery, and interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF-α) 24 hours after surgery. Risk of bias was assessed using the Cochrane tool, and random-effects models were used for quantitative synthesis.
Results	**Thirty randomized controlled trials involving 2,224 participants** were included. TEAS reduced perioperative HR (MD = -2.80, 95% CI -4.72 to -0.87), IL-6 (SMD = -1.47, 95% CI -1.97 to -0.97), and TNF-α (SMD = -1.15, 95% CI -1.64 to -0.66). Heterogeneity was high across these outcomes (I^2 = 63%-94%). TEAS did not significantly improve MAP (MD = -1.42, 95% CI -3.46 to 0.62).
Conclusion	TEAS may have a role as a non-pharmacological adjunct for reducing perioperative stress and inflammatory responses. However, confidence in the findings is limited by substantial heterogeneity, language restriction, possible publication bias, and incomplete assessment of neuroendocrine biomarkers. Standardized, well-designed randomized controlled trials with broader outcome assessment are needed.

2. Overviews of Systematic Reviews

2.1. Davies 2025

Davies C, Read I, Sucharitkul P, Mouton R, Hinchliffe R. Effectiveness of interventions delivered within inpatient perioperative care in adults undergoing surgery: scoping review of systematic reviews. BJS Open. 2025;10(2):zrag013. https://doi.org/10.1093/bjsopen/zrag013

Background	Many perioperative interventions have been developed to improve care and health outcomes for patients. Interventions that are effective, reduce adverse events, and improve patient recovery are hugely important to patients and healthcare systems. This study provides a contemporary overview of the effectiveness of interventions delivered within inpatient perioperative care in adults undergoing surgery.
Methods	A scoping review of systematic reviews (SRs) was performed according to Joanna Briggs Institute methodology and PRISMA-ScR guidelines. The following databases were searched: Medline, Embase, Cochrane Library, Cumulative Index to Nursing and Allied Health Literature, and Physiotherapy Evidence Database, last update 2 December 2025.
Results	In all, 190 SRs were included in the review, incorporating 10 themes: enhanced recovery after surgery (ERAS; 77 SRs, 39%); diet/nutritional (31 SRs; 16%); pharmaceutical (20 SRs, 10.8%); respiratory (15 SRs, 8.5%); 'other' (e.g. sleep, body warming and personalized nursing interventions, goal directed haemodynamic and **acupuncture therapy**) (13 SRs, 7.4%); exercise/physical activity (12 SRs, 6.5%); comprehensive geriatric assessment (CGA; 9 SRs, 4.5%); care bundles (5 SRs, 2.8%); multimodal (5 SRs, 2.8%); and physiotherapy (3 SRs, 1.7%). Key intervention themes showed consistent benefit across a range of surgical specialities. These consisted of: respiratory/aerobic strategies on length of hospital stay (LoS), postoperative complications, and the 6-minute walk test, with little evidence for effect on mortality; diet/nutritional strategies, which had significant benefits with regard to LoS, postoperative complications, and surgical site infections, with little or no effect on mortality; CGA, which had a beneficial effect on mortality, LoS, and activities of daily living, with little evidence of effect on readmission; and ERAS, which showed improvements in LoS, postoperative complications, and morbidity, with less evidence of effect on mortality and readmission across specialities.
Conclusion	Key interventions showed consistent patterns of improvement. Before improving or designing new perioperative interventions, it is important to consider and deliver strategies that have already been evaluated and are effective.

2.2. Lee 2014

Lee MS, Ernst E. Acupuncture for surgical conditions: an overview of systematic reviews. Int J Clin Pract. 2014;68(6):783-9. [170714].

Aim	Several systematic reviews (SRs) of acupuncture for surgical conditions have recently been published with sometimes contradicting results. The aim of this overview was to summarise recent SRs of acupuncture for surgical conditions.
Method	Thirteen electronic databases were searched for relevant reviews published since 2000. Data were extracted by two independent reviewers according to predefined criteria.
Results	Twelve SRs met our inclusion criteria. They related to the prevention or treatment of postoperative nausea and vomiting as well as to surgical or postoperative pain. Their results were far from uniform, and several caveats need to be considered.

Conclusion	The evidence is insufficient to suggest that acupuncture is an effective intervention in surgical settings. More rigorous research seems warranted. This protocol was registered with PROSPERO database (registration number: CRD42013004817).

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