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GI endoscopy

Endoscopies digestives

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Bingyu 2024

Bingyu W, Fangfang J, Jiawei G, Liuxin Y, Yali Z, Xingxing Y, Yang Z. Acupuncture reduces sedative and anaesthetic consumption and improves pain tolerance in patients undergoing colonoscopy: a Meta-analysis. J Tradit Chin Med. 2024 Dec;44(6):1091-1103. https://doi.org/10.19852/j.cnki.jtcm.20240926.001

Objective	To evaluate the effects of acupuncture anesthesia on the consumption of sedatives and anesthetics, pain, and time consumption in patients undergoing colonoscopy, thus providing evidence that acupuncture anesthesia should be extended to endoscopists and anesthetists.
Methods	Four English and four Chinese databases were searched for randomised controlled trials of acupuncture anaesthesia in patients undergoing colonoscopy, published from database inception to 1 March 2023. Outcomes were consumption of sedatives and anaesthetics, pain tolerance, visual analog scale (VAS) score, the meantime consumption of examination, satisfaction, and adverse reactions.
Results	**Thirty-one randomized controlled trials with a total of 4790 participants** were included. Results showed that acupuncture anaesthesia significantly reduced consumption of sedatives and anaesthetics [9 studies, n = 944, standardized mean difference (SMD) = −0.82, 95% CI (−1.31, −0.33), P = 0.001], VAS score [9 studies, n = 1790, mean difference (MD) = −1.13, 95% CI (−1.70, −0.57), P < 0.001], meantime consumption [21 studies, n = 3799, MD = −2.09, 95% CI (−3.15, −1.03), P<0.001] and adverse reactions of colonoscopy [7 studies, n = 738, odds ratio (OR) = 0.17, 95% CI (0.10, 0.28), P<0.001]. Acupuncture also significantly improved pain tolerance [14 studies, n = 1661, OR = 7.05, 95% CI (3.79, 13.12), P<0.001], while no beneficial effects were found for satisfaction [7 studies, n = 843, SMD = 0.02, 95% CI (−0.38, 0.43), P = 0.91].
Conclusion	Acupuncture has beneficial effects on patients undergoing colonoscopy, particularly in reducing consumption of sedatives and anaesthetics, alleviating pain, shortening the time consumption of examination and preventing adverse events. As an alternative, effective, inexpensive, and accessible approach, acupuncture anaesthesia should be extended to endoscopists and anaesthesiologists.

1.1.2. Yang 2023

Yang Y, Ji H, Lu Y, Hong J, Yang G, Kong X, Liu J, Ma X. Sedative-sparing effect of acupuncture in gastrointestinal endoscopy: systematic review and meta-analysis. Front Med (Lausanne). 2023 Jun 16;10:1189429. https://doi.org/10.3389/fmed.2023.1189429

Objective	This study aimed to perform a systematic review and meta-analysis to identify the efficacy of acupuncture therapy (including manual acupuncture and electroacupuncture) performed before or during gastrointestinal endoscopy with propofol as the main sedative, compared with placebo, sham acupuncture, or no additional treatment other than the same sedation.
Methods	A systematic search was performed through PubMed, Embase, Web of Science, Cochrane Library, Chinese Biomedical Databases (CBM), Wanfang database, China National Knowledge Infrastructure (CNKI), SinoMed, and Chinese Scientific Journal Database (VIP) to collect randomized controlled trials published before 5 November 2022. Bias assessment of the included RCTs was performed according to Version 2 of the Cochrane risk-of-bias tool for randomized trials (RoB 2). Stata16.0 software was used to perform statistical analysis, sensitivity analysis, and publication bias analysis. The primary outcome was sedative consumption, and the secondary outcomes included the incidence of adverse events and wake-up time.
Results	A total of **10 studies with 1331 participants** were included. The results showed that sedative consumption [mean difference (MD) = -29.32, 95% CI (-36.13, -22.50), P < 0.001], wake-up time [MD = -3.87, 95% CI (-5.43, -2.31), P < 0.001] and the incidence of adverse events including hypotension, nausea and vomiting, and coughing (P < 0.05) were significantly lower in the intervention group than in the control group.
Conclusion	Acupuncture combined with sedation reduces sedative consumption and wake-up time compared with sedation alone in gastrointestinal endoscopy; this combined approach allows patients to regain consciousness more quickly after examination and lower the risk of adverse effects. However, with the limited quantity and quality of relevant clinical studies, caution must be applied until more high-quality clinical studies verify and refine the conclusions.

1.1.3. Gao 2022

Gao N, Chen H, Wang Y, Guo Y, Liu Z, Wang W. Acupuncture to Improve Patient Discomfort During Upper Gastrointestinal Endoscopy: Systematic Review and Meta-Analysis. Front Med (Lausanne). 2022 Jun 3;9:865035. https://doi.org/10.3389/fmed.2022.865035

Background and aims	Severe discomfort during an upper gastrointestinal endoscopy (UGE) is often a stressful experience for patients undergoing the procedure. An increasing number of studies have shown that acupuncture may reduce discomfort during UGE. A systematic review in 2004 investigated the effect of acupuncture for gastrointestinal endoscopy, but these data have not been recently reviewed. Therefore, this study was conducted to evaluate the current evidence and provide up-to-date knowledge for clinical decision-making.
Methods	Nine databases were searched from inception to June 2021. Eligible randomized controlled trials (RCTs) were included. The outcome data were synthesized where necessary, and risks of bias of included studies were assessed using RevMan V.5.3.
Results	Twenty-three eligible RCTs with 3,349 patients were identified. It was found that acupuncture plus topical pharyngeal anesthesia with lidocaine hydrochloride (TPALH) resulted in greater improvements regarding visual analog scale (VAS) scores and the incidence of nausea and vomiting (INV) when compared with TPALH alone. These results were consistent among studies of manual acupuncture, electroacupuncture, auricular-plaster, superficial needle (SFN) and acupressure. In the meta-analysis, SFN plus TPALH showed significant improvement of VAS scores compared to sham SFN plus TPALH (MD -1.11, 95% CI -1.52 to -0.70, P < 0.00001). Most of included studies did not report any side effects in their findings, and were of medium-to-high risk of bias.

Conclusion	Acupuncture, as adjunctive therapy to TPA, may result in less patient discomfort than TPA alone. Findings from this review should be interpreted with caution due to the high heterogeneity identified. There is low-quality evidence supporting the use of acupuncture over sham. More rigorously designed RCTs are needed to inform clinical decision-making.

1.1.4. Lee 2004

Lee H, Ernst E. Acupuncture for gi endoscopy: a systematic review. Gastrointest Endosc. 2004;60(5):748-9. [135627].

> In conclusion, evidence from RCTs appears to suggest that the effect of acupuncture is similar to that of conventional premedication but superior to that of sham acupuncture for GI endoscopy. Sample size limitations, however, indicate that the findings of the primary studies could be subject to a type II error. More rigorous research in terms of the definition of primary outcome measures and adequate sample size are warranted to firmly establish the role of acupuncture as an adjunctive intervention for GI endoscopy.

1.2. Special outcome

1.2.1. Anxiety

1.2.1.1. Chen 2025

Chen YS, Feng GH, Yue QQ, Wang YF, Liu M, Zhao KH, Tang T, Huang MT, Yi WT, Yan HL, Yan JH, Zeng Y. Effects of non-pharmacological interventions on anxiety in patients undergoing colonoscopy: A network meta-analysis of randomized controlled trials. J Psychosom Res. 2025 Feb 19;191:112065. https://doi.org/10.1016/j.jpsychores.2025.112065

Backgound	Anxiety is a common and significant problem in patients who need to undergo colonoscopy. However, the question of which non-pharmacological intervention is the best strategy to reduce anxiety in patients undergoing colonoscopy remains unanswered.
Objectives	To evaluate and rank the effectiveness of various non-pharmacological interventions for reducing anxiety in patients undergoing colonoscopy in order to identify the most effective strategies.
Methods	We searched PubMed, Cochrane Library, Embase, Web of Science, and Medline for randomized controlled trials published from the database construction to March 2024. The primary outcome was the difference between pre- and post-intervention anxiety means. A network meta-analysis was conducted utilizing the “gemtc” package based on R4.3.0.

Results	The analysis encompassed 24 randomized controlled trials, incorporating 2525 participants and evaluating 9 non-pharmacological interventions. All non-pharmacological interventions reduced anxiety in patients undergoing colonoscopy compared to standard care, with music intervention (SMD = -0.52, 95 %CI (-0.84,-0.20)), audiovisual distraction (SMD = -0.54, 95 %CI(-0.96,-0.12)), video information (SMD = -1.47, 95 %CI(-2.03,-0.90)), individual education (SMD = -1.72, 95 %CI(-2.76,-0.70)), and **electroacupuncture** (SMD = -1.12, 95 %CI(-2.10,-0.13)) having statistically significant effects. SUCRA ranking identified the priority of individual education (SUCRA: 92.5 %) and video information (SUCRA: 87.7 %). Meta-regression and sensitivity analysis further demonstrated the stability of the evidence. The certainty of the evidence was mostly rated as medium to low.
Conclusion	This review highlights the superior effects of individual education and video information in reducing anxiety in patients undergoing colonoscopy. The findings of our review could provide clinical decision-makers and healthcare practitioners, such as doctors and nurses, with evidence-based practices for selecting interventions to reduce anxiety in patients undergoing colonoscopy.

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Last update: **06 Mar 2025 15:51**