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postoperative gastroparesis

Gastroparésie post-opératoire : évaluation de l'acupuncture

Articles connexes : - gastroparesia -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Xv 2025

Xv Y, Feng Y, Lin J. Efficacy and safety of acupuncture for postoperative gastroparesis syndrome: a systematic review and meta-analysis. Front Med (Lausanne). 2025 Jan 6;11:1494693. https://doi.org/10.3389/fmed.2024.1494693

Backgound	Postoperative gastroparesis syndrome (PGS) is a common postoperative complication characterized by epigastralgia, nausea, and vomiting. Acupuncture is widely used to aid recovery, but its efficacy and safety have not been systematically evaluated.
Method	We retrieved randomized controlled trials (RCTs) using acupuncture as the primary intervention from six databases. After study selection and data extraction, a meta-analysis was performed using Review Manager 5.4.1. Study quality was assessed with the Cochrane risk of bias tool, and publication bias was quantitatively evaluated using Egger's test and was corrected using the trimming and filling method.
Results	A total of **12 RCTs involving 709 participants** (363 in the acupuncture group and 346 in the control group) were included. The meta-analysis showed a significantly higher overall response rate in the acupuncture group than the control group [RD = 0.16, 95% CI (0.11, 0.21), $p < 0.001$]. Acupuncture also reduced gastric tube indwelling time [MD = -2.36, 95% CI (-3.14, -1.59), $p < 0.001$], decreased gastric juice drainage [MD = -166.88, 95% CI (-176.57, -156.18), $p < 0.001$], and improved serum motilin levels [MD = 41.65, 95% CI (30.14, 53.15), $p < 0.001$]. Four studies reported no adverse events in either group, but the majority of studies did not provide safety data.
Conclusion	Acupuncture may alleviate clinical symptoms and shorten hospitalization, potentially by enhancing gastrointestinal motility. However, the lack of safety data in the majority of studies raises concerns about the reliability of these findings and the transferability of the results. Future trials should focus on rigorous randomization, blinding, and comprehensive safety reporting to improve the quality of evidence in this field.

1.1.2. Fan 2023 (after thoracic or abdominal surgery)

Fan Z, Qiu Y, Qi X, Xu J, Wan Y, Hao Y, Niu W, Huang J. Invasive acupuncture for gastroparesis after thoracic or abdominal surgery: a systematic review and meta-analysis. BMJ Open. 2023 Jun 26;13(6):e068559. https://doi.org/10.1136/bmjopen-2022-068559

Objectives	This meta-analysis aimed to systematically evaluate the efficacy of acupuncture in treating postsurgical gastroparesis syndrome (PGS) after thoracic or abdominal surgery.
Methods	Design: Systematic review and meta-analysis. Data sources: Twelve databases (PubMed, Embase, Cochrane Library Cochrane Central Register of Controlled Trials (CENTRAL), Medline (Ovid) (from 1946), Web of Science, EBSCO, Scopus, Open Grey, China National Knowledge Infrastructure (CNKI), Wanfang Database, Chinese Scientific Journals Database (VIP) and China Biology Medicine disc (CBM)) and three registration websites (WHO International Clinical Trials Registry Platform (ICTRP), ClinicalTrials.gov, and Chinese Clinical Trial Registry (ChiCTR)) were searched from the inception to September 2022, and citations of the included literature were screened. Eligibility criteria: All randomised controlled trials addressing invasive acupuncture for PGS. Data extraction and synthesis: Key information on the included studies was extracted by two reviewers independently. Risk ratio (RR) with 95% CI was used for categorical data, and mean difference with 95% CI for continuous data. The quality of evidence was assessed using Grading of Recommendations Assessment, Development and Evaluation. Outcomes were conducted with trial sequential analysis (TSA).
Results	**Fifteen studies with 759 patients** met the inclusion criteria. Subgroup analyses revealed that compared with the drug group, the drug and acupuncture group had a greater positive effect on the total effective rate (TER) (nine trials, n=427; RR=1.20; 95% CI 1.08 to 1.32; P-heterogeneity=0.20, I2=28%, p=0.0004) and the recovery rate (RCR) (six trials, n = 294; RR = 1.61; 95% CI 1.30 to 1.98; P-heterogeneity=0.29, I2=19%, p<0.0001) of PGS after abdominal surgery. However, acupuncture showed no significant advantages in terms of the TER after thoracic surgery (one trial, p=0.13) or thoracic/abdominal surgery-related PGS (two trials, n = 115; RR=1.18; 95% CI 0.89 to 1.57; P-heterogeneity=0.08, I2=67%, p=0.24) and the RCR after thoracic/abdominal surgery (two trials, n=115; RR=1.40; 95% CI 0.97 to 2.01; P-heterogeneity=0.96, I2=0%, p=0.07). The quality of evidence for TER and RCR was moderate certainty. Only one study reported an acupuncture-related adverse event, in the form of mild local subcutaneous haemorrhage and pain that recovered spontaneously. TSA indicated that outcomes reached a necessary effect size except for clinical symptom score.
Conclusion	Based on subgroup analysis, compared with the drug treatment, acupuncture combined drug has significant advantages in the treatment of PGS associated with abdominal surgery, but not with thoracic surgery.

1.1.3. Cheong 2014 ☆☆

Cheong KB, Zhang JP, Huang Y. The effectiveness of acupuncture in postoperative gastroparesis syndrome–a systematic review and meta-analysis. Complement Ther Med. 2014;22(4):767-86. [141271].

Purpose	This paper included a systematic review and meta-analysis on the use of acupuncture and acupoints selection in PGS. Quality for meta-analysis was evaluated using GRADE while each trial was assessed with CONSORT and STRICTA for TCM.
Methods	Randomized controlled trials (RCTs) comparing acupuncture with non-acupuncture treatment were identified from databases PubMed, EBSCO, Ovid, Cochrane, CNKI and Wanfangdata. Meta-analysis on eligible studies was performed using fixed-effects model with RevMan 5.2. Results were expressed as relative risk (RR) for dichotomous data, and 95% confidence interval (CI) were calculated.

Results	Of the 348 studies reviewed, 16 RCTs met the inclusion criteria for review while **7 RCTs, 188 patients (intervention) and 182 patients (control)** met the criteria for meta-analysis. Both acupuncture and acupuncture combined with medication showed significant higher total effective rate than control (usual care/medication); with (RR 1.27, 95% CI 1.13, 1.44; P<0.0001) and (RR 1.37, 95% CI 1.18, 1.58; P<0.0001) respectively. All included RCTs reported positive effect of acupuncture in PGS treatment. ST36, CV12 and PC6 seemed to be the common acupoints selected.
Conclusion	The results suggested **acupuncture might be effective to improve PGS**, however, a definite conclusion could not be drawn due to low quality of trials.

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