Letters to the Editor / Pain 117 (2005) 236–243


Dear Sir,

In their systematic review on the analgesic effects of acupuncture during surgery, Lee and Ernst conclude that there is no scientific support for the use of acupuncture as an adjunct to standard anaesthetic procedures during surgery.

The aims of a systematic review are to summarise and critically evaluate the evidence for or against the method evaluated. In their review Lee and Ernst state that their aim was ‘to summarise and critically evaluate the evidence for or against the effectiveness of acupuncture as an analgesic adjunct to standard anaesthetic procedures’. However, in the Methods we are told that the aim was ‘to determine the effectiveness of acupuncture for controlling pain and/or supporting anaesthesia during surgery’. As these aims differ one wonders which was used as basis for the data collection? Also, which criteria were used when grouping the studies, since only studies with similar study protocols can be grouped? Furthermore, a number of studies are missing from the group analysis presented in Fig 1. Both studies by Stener-Victorin and collaborators (Stener-Victorin et al., 1999; Stener-Victorin et al., 2003) report pain relief during surgery, as well as a reduced requirement for additional medication with alfentanil. These should be included in the analysis. Other recent studies report pain relief during colonoscopy, as well as reduction in the need for additional medication (Fanti et al., 2003; Wang et al., 1997). These studies were not mentioned in the review, presumably because the search terms used were not broad enough to include such procedures. It could of course be debated whether colonoscopy is considered a surgical procedure; however, the principle of using acupuncture for acute analgesia during a potentially painful intervention is similar; therefore, we argue that this data is relevant to this review.

Only 4 of the 19 studies in the review included a placebo procedure, so there is insufficient data for an analysis of efficacy. Also, the studies mentioned above conclude that acupuncture analgesia is as good as conventional analgesics (Fanti et al., 2003; Stener-Victorin et al., 1999; Stener-Victorin et al., 2003). Furthermore, acupuncture resulted in an analgesic-sparing effect when compared with standard anaesthesia (Fanti et al., 2003; Stener-Victorin et al., 1999; Stener-Victorin et al., 2003). Based on these studies we do not agree with the conclusions of Lee and Ernst that there is a lack of evidence for an effect of acupuncture as an adjunct to standard anaesthetic procedures during surgery. We agree that acupuncture cannot be generally recommended as an analgesic method, but we suggest that it might be considered as an alternative for patients desiring a non-pharmacological method, or for patients who are allergic to the drugs used. Anaesthetic interventions, in the same way as all medical interventions, should be tailored to the individual patient. Some patients may express a wish to try acupuncture, and this may be an option for some procedures, particularly where it has been shown to be a viable alternative, such as during oocyte retrieval (Stener-Victorin, 2005).

Modern anaesthesia is concerned not only with pain relief during surgery, but also with post-operative pain and other symptoms, particularly nausea and vomiting. Interventions carried out as part of a standard anaesthetic procedure may be aimed primarily at reducing post-operative symptoms. Kotani et al. performed a rigorous trial incorporating segmental intradermal acupuncture with indwelling needles prior to anaesthesia for upper or lower abdominal surgery (Kotani et al., 2001). The investigators’ express intention was to provide post-operative analgesia, and their objective outcome measure was post-operative morphine consumption. The trial showed a significant benefit for real acupuncture compared with sham, with a 50% reduction in consumption of supplemental intravenous morphine, as well as a reduction of post-operative nausea by 20–30%.

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Unfortunately, Lee and Ernst did not include any of the trial outcomes. Instead they included baseline intra-operative data (fentanyl dose) that was part of the standard anaesthetic procedure. Kotani et al. specifically intended the anaesthetics to be similar in both groups, and their protocol included a standard dose of fentanyl based on body mass. We understand that Lee and Ernst were focussing their review on the intra-operative period, but Kotani et al. did not have any specific outcomes for this period. Therefore this trial should possibly have been excluded. In their representation of the data from this notable paper, Lee and Ernst have not fully succeeded in giving an accurate presentation of the potential use of this particular acupuncture technique as an adjunct to a standard anaesthetic procedure. By highlighting this, we hope that the readers of Pain will not dismiss what appears to be a promising technique, and that they will be somewhat circumspect in their consideration of Lee and Ernst’s conclusions.

References


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Response to Stener-Victorin et al.

Dear Sir,

Stener-Victorin et al. feel that our aims in conducting this review were confused. We would argue that critically evaluating the evidence and thus determining the effectiveness of an intervention are entirely compatible aims. They furthermore criticize the omission of several articles in Fig 1 which shows the outcome measure used to determine the overall result for each study in our best-evidence synthesis. When the information suitable for entering in the RevMan, was not available from any included trial, we described it in the supplementary data in the online version of our article.

The endoscopy study (Fanti et al., 2003) was excluded because we did not consider endoscopy as a surgical intervention. We have, however, reviewed these studies separately (Lee and Ernst, 2004). Even if we had included all these studies the overall conclusion of our paper would probably not have been fundamentally different.

Although the primary outcome measure of Kotani et al.’s study (Kotani et al., 2001) was the postoperative outcome, acupuncture was administered before anaesthesia which could have influenced the perioperative period. We therefore excluded this trial from our analysis but do not feel that this decision significantly changed our overall conclusions.

Stener-Victorin et al., suggest that acupuncture ‘might be considered as an alternative for patients desiring a non-pharmacological method’. As the evidence for this is presently inconclusive, we would wish to see more convincing data before issuing any recommendations and the vast majority of anaesthesiologists would probably agree with our view. We may ‘have not fully succeeded in giving an accurate presentation of the potential’ of acupuncture and are, of course, thankful to Stener-Victorin et al. for stimulating a debate. We fear, however, that their views on the value of acupuncture are less evidence-based than ours.

References
