

UPDATED SYSTEMATIC REVIEW AND META-ANALYSIS OF ELECTROACUPUNCTURE FOR GASTROINTESTINAL RECOVERY AFTER GYNECOLOGIC SURGERY

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INTRODUCTION

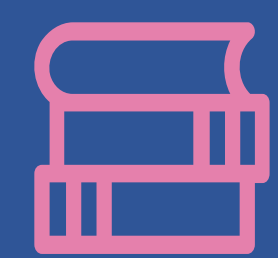
The existing evidence regarding the efficacy and safety of electroacupuncture (EA) in promoting gastrointestinal function recovery after gynecological surgery remains inconsistent and controversial.

This meta-analysis aimed to assess the effects of **EA** on **postoperative gastrointestinal function recovery** in patients undergoing gynecological surgical procedures.

MATERIALS AND METHODS

- Searched Embase, PubMed, and Cochrane
- RCTs only**
- Inclusion:** Electroacupuncture in postoperative gastrointestinal function after gynecological surgery
- Exclusion:** different type of surgery and interventions
- Primary outcome:** time to first flatus (TFF), postoperative nausea and vomiting (PONV), and pain at 24h, assessed through the Visual Analogue Scale (VAS).
- Calculated weighted mean differences for continuous data and risk ratios for binary data with 95% confidence intervals; heterogeneity assessed with I²; analysis done in RevMan 5.4.

EA may **improve postoperative gastrointestinal recovery** after gynecologic surgery by **shortening TFF** and **reducing the incidence of PONV** within the first 24 hours. In addition, EA was associated with **lower pain scores** at 24 hours



1729 initial results
38 full-text reviews after deduplication and screening
19 studies included

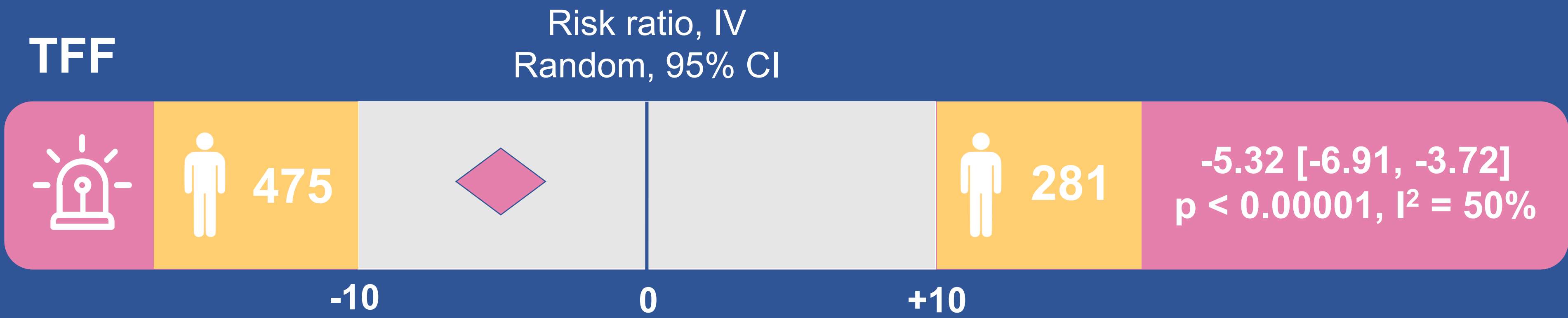


1596 patients
52.75% received **EA**

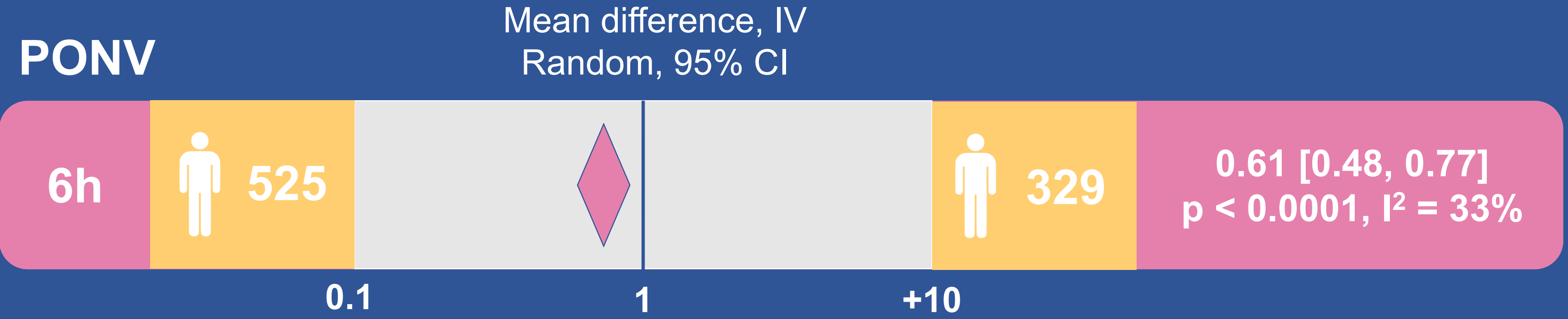


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TFF



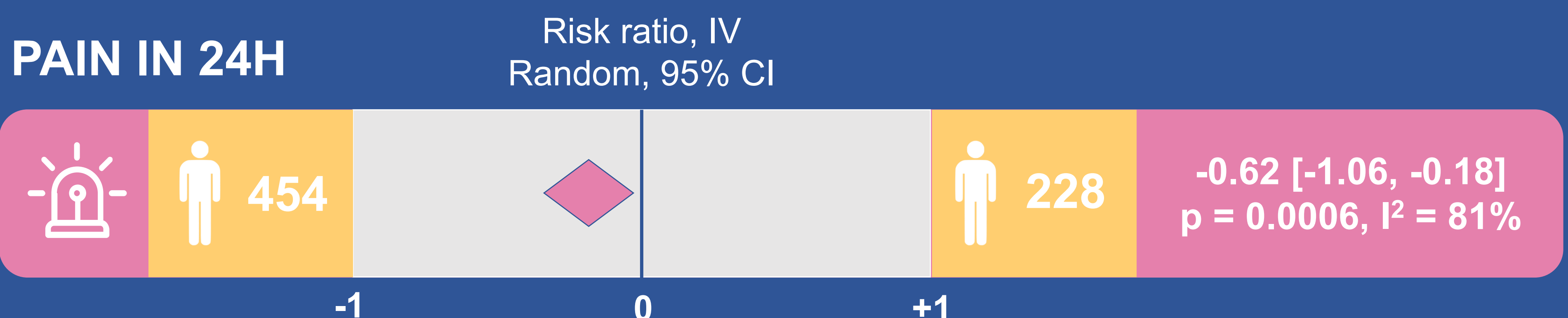
PONV



24h



PAIN IN 24H



RESULTS

Study Selection:

- 1729 initial results; 38 full-text reviews after deduplication and screening.
- 19 studies included (main exclusions: non laparoscopic, outcome of interest not reported)
- Total 1596 patients; 842 (52.75%) received EA.

Baseline Data:

- Groups had comparable baseline characteristics (Table 1).

Outcomes:

- EA group presented significant decrease on TFF (7 RCTs; n= 475; SMD = -5.3, 95% CI: [-6.91, -3.72], p < 0.00001, I² = 50%)
- PONV at 6h (9 RCTs; n = 854; RR = 0.61; 95% CI: [0.48, 0.77]; p < 0.0001; I² = 33%), 24h (16 RCTs; n = 1437; RR = 0.59, 95% CI: [0.46, 0.76], p < 0.0001, I² = 43%) and 48h (5 RCTs; n=834; RR = 0.39; 95% CI: [0.21, 0.71]; p < 0.0001; I² = 43%)
- EA also showed a significant reduction in pain at 24h (5 RCTs; n=682; SMD = -0.62; 95% CI: [-1.06, -0.18]; P= 0.006; I² = 81%).

DISCUSSION

Our findings suggest that **EA** may improve **postoperative gastrointestinal recovery** after gynecologic surgery by shortening TFF and reducing the incidence of PONV within the first 24 hours. In addition, EA was associated with **lower pain scores at 24 hours**. More studies comparing these infusion regimens are necessary to confirm the results.

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