



To News Editor  
For Immediate Release

15 April 2009

### **Acupuncture Prevents Postoperative Nausea and Vomiting Effectively**

Postoperative nausea and vomiting are common complaints after surgery, with up to 80% of patients being affected. It is unpleasant and can last for up to 24 hours after surgery. Postoperative vomiting after surgery can occasionally cause dehydration and in rare cases, tearing or reopening of the surgical incision. Traditionally, anaesthesiologists use antiemetics (drugs used to prevent or alleviate nausea and vomiting) in patients susceptible to getting nausea and vomiting after surgery. However, the cost and side-effects of these antiemetics have raised interest in finding alternative ways to prevent the symptoms.

Patients receiving stimulation at the Pericardium (P6) acupuncture point (acupoint) on the wrist will have a reduced risk of nausea and vomiting after surgery, according to a review done in 2008 by Professor Anna LEE, Associate Professor, Department of Anaesthesia and Intensive Care at The Chinese University of Hong Kong (CUHK). The P6 acupoint is located 5cm beneath the wrist crease. Common methods of stimulating the P6 acupoint include needle acupuncture, transcutaneous nerve stimulator, laser stimulation and acupressure wristbands.

In order to investigate whether P6 acupoint stimulation is effective when compared to either sham (placebo) or antiemetic treatment to prevent postoperative nausea and vomiting, researchers from CUHK evaluated nearly 4,500 patients who had undergone a variety of surgical procedures from 1986 to 2008. There were 32 studies involving 3,385 patients who were randomly divided to receive P6 acupoint stimulation or sham treatment. There were also 14 studies involving the remaining 1,036 patients who were randomly divided to receive P6 acupoint stimulation or antiemetic treatment.

Results found that compared to sham treatment, stimulation of the P6 acupoint reduced the risk of nausea and vomiting after surgery, with fewer side-effects. These side-effects were self-limiting and minor, such as redness and irritation at the puncture site with acupuncture; red indentation, itching and blistering when wristbands were worn; and tiredness when electro-acupuncture was administered. For every 100 patients receiving sham treatment, about 80 would still vomit or feel sick after surgery. This fell to 56 when P6 acupoint stimulation was used. In head-to-head comparisons with antiemetics, P6 stimulation was equally good at reducing the risk of postoperative nausea and vomiting.

To conclude, P6 acupoint stimulation can be used as a suitable alternative or an addition to antiemetic therapy before, during or after surgery. Since needle acupuncture on the P6 acupoint must be administered by registered acupuncturists, the acupressure wristband is preferred by many people for various reasons: ease in use, convenience in

purchase and no need for an acupuncturist. The Department of Anaesthesia and Intensive Care at CUHK is considering the use of acupressure wristbands before surgery and transcutaneous nerve stimulator after surgery (in addition to current antiemetic drugs) for the prevention of postoperative nausea and vomiting in highly susceptible patients.

The study was recently published in the current issue of *The Cochrane Library* ([www.cochrane.org](http://www.cochrane.org)).

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Please download the photo from CUHK website:  
<http://www.cuhk.edu.hk/cpr/pressrelease/090415e.htm>



Location of P6 acupoint stimulation  
(Source: *Anesthesiology* 2005;102:1046)



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### 針灸有效防止手術後噁心和嘔吐

噁心和嘔吐是術後常見的身體不適現象，約有 80% 接受過手術的病人受影響，症狀可長達 24 小時，若情況持續，病人可能會脫水，甚至導致手術傷口撕裂。麻醉科醫生傳統上會使用止嘔劑（即防止或減輕噁心和嘔吐的藥物）以紓緩病人的不適。然而，止嘔劑的成本和副作用都相對較高，因此醫學界正努力尋求藥物以外的另類治療方法來紓緩這些症狀。

香港中文大學（中大）醫學院麻醉及深切治療學系副教授李煥坤教授於 2008 年完成一項研究，指出病人在術後接受手腕針灸點（P6）刺激，可大大減低噁心和嘔吐的風險。P6 針灸點位於手腕摺痕約 5cm 以下，常用的刺激方法包括針刺、激光刺激，以及使用經皮神經刺激器和穴位按壓腕帶。在 1986 年至 2008 年間，研究人員為約 4,500 名接受各類型手術的病人提供治療，目的是比較 P6 針灸點刺激、安慰劑治療（即假治療）及止嘔劑療法在防止手術後噁心和嘔吐的成效。按隨機抽樣方法，3,385 名病人於 32 項研究中獲分配接受 P6 針灸點刺激或安慰劑治療，其餘 1,036 名病人則於 14 項研究中獲安排接受 P6 針灸點刺激或止嘔劑療法。

綜合各項研究發現，每 100 名接受安慰劑治療的病人當中，平均約有 80 名仍於術後嘔吐或感到不適；而經 P6 針灸點刺激的病人中，每 100 名則只有 56 名仍出現術後噁心和嘔吐，針灸後的副作用亦相對其他療法輕微，只有部分病人在針灸處出現紅腫及過敏反應、佩帶穴位按壓腕帶時出現紅印、痕癢及起水泡，或使用經皮神經刺激時出現疲倦。另外，亦發現 P6 刺激跟止嘔劑對減低術後噁心和嘔吐同樣有效。

總括來說，於手術前後或手術期間，P6 針灸點刺激可作為止嘔劑治療的另類替代療法。由於針刺 P6 針灸點刺激必須由註冊針灸師進行，而穴位按壓腕帶則使用容易，便於購買及可自行施行，廣受接納，中大麻醉及深切治療學系正考慮除了使用一般止嘔藥物之外，亦為出現噁心和嘔吐的高風險病人分別在術前及術後使用穴位按壓腕帶及經皮神經刺激器，紓緩病人因噁心和嘔吐帶來的不適。

有關研究報告已刊載於最新一期的國際醫療期刊 *The Cochrane Library*

([www.cochrane.org](http://www.cochrane.org))。

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請於中大新聞稿網頁下載相片：

<http://www.cuhk.edu.hk/cpr/pressrelease/090415c.htm>



P6 針灸點

(相片來源: Anesthesiology 2005;102:1046)