



## Review

A commentary on: “Electroacupuncture or transcutaneous electroacupuncture for postoperative ileus after abdominal surgery” - Where is the evidence of who could benefit? (Int J Surg 2019 Sep 5;70:93–101. doi: 10.1016/j.ijisu.2019.08.034. [Epub ahead of print])

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Surgeons have long known that there is a subset of patients with much more complicated—and expensive—postoperative courses than the rest. Postoperative ileus (POI) is a major focus of concern for surgeons because it increases duration of hospitalization, cost of care, and postoperative morbidity.

Certain risk factors for POI, such as male gender, advanced age and major blood loss, have been described in the medical literature. Understanding of the pathophysiology of POI has helped combat and prevent its occurrence. However, despite preventive and therapeutic efforts, 10–30% of patients still develop POI after abdominal surgery [1].

In this issue of *International Journal of Surgery*, Chen et al. [2], present a systematic review and meta-analysis of the efficacy of electroacupuncture (EA) and transcutaneous electroacupuncture (TEA) for postoperative ileus after abdominal surgery. This systemic review concludes that EA and TEA are safe and effective treatments for POI after abdominal surgery. The results indicate that use of EA and TEA is associated with shorter time to first flatus, first defecation, bowel sound recovery, first oral feeding and decreased length of hospital stay.

However, there is no consensual definition of a normal interval to resumption of transit resulting in non-reproducible results in studies of postoperative ileus. The cut-off limit used by various authors to describe pathological POI varies from 1 to 7 days. Besides that, the risk of ileus depends on the type of surgery: the rate of POI for colorectal

surgery is 10–30% versus 8–13% after pancreatic and gastric surgery.

This study suggests that EA/TEA could accelerate bowel movements as a potential method of treating POI. However, this review included only 15 articles from Asian countries and 68% of the articles analyzed were not in English.

Postoperative ileus involves an inflammatory pathway characterized by an increase in inflammation mediators in the colon wall. Furthermore, we know that anti-inflammatory interventions, such as vagal stimulation.

Through the application of anti-inflammatory interventions, together with the current multimodal approach, can reduce postoperative ileus [3,4].

The therapeutic effects of acupuncture may be mediated by vagal modulation [5]. This information helps to explain the use of some acupuncture points (such as ST36) and not just based on theories of Chinese medicine as the article cites.

POI is a complex phenomenon that occurs very commonly and impacts on several surgical specialties. Measuring the return of bowel function is important for clinicians and those responsible for management of surgical services. For surgeons, it is important as a means of reducing postoperative complications.

Further research is clearly needed to understand and clarify.

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