Acupuncture In The Pediatric Patient For Refractory Postoperative Nausea And Vomiting In The Post-Anesthesia Recovery Unit
Rosalie Tassone, M.D. and Yuan-Chi Lin, MD, MPH, FAAP
Department of Anesthesiology, Perioperative and Pain Medicine, Children's Hospital, Boston, Boston, MA

Introduction: Postoperative nausea and vomiting is a common problem that afflicts a significant percentage of perioperative patients. Refractory postoperative nausea and vomiting additionally may result in an admission for the otherwise scheduled day surgery patient and increase the cost to a patient’s hospital course. Pediatric patients are no exception to this rule. The use of acupuncture for the treatment of nausea and vomiting has been well documented. Although some studies refute the effectiveness of acupuncture in this setting, other studies find it a useful adjunct to conventional treatment with antiemetics. We examined the effectiveness of acupuncture as a “last-ditch-effort” adjunct for patients with postoperative nausea and vomiting in the post-anesthesia recovery unit. We hypothesize that acupuncture may be effective in preventing an otherwise unnecessary admission to control postoperative nausea and vomiting.

Results: After Institutional Review Board approval, eight pediatric patients with refractory postoperative nausea and vomiting in the post-anesthesia recovery unit were identified. These patients were offered an acupuncture treatment for postoperative nausea and vomiting as a “last-ditch” approach prior to transfer to the floor or considering admission overnight for an otherwise unplanned stay. Refractory postoperative nausea and vomiting was defined as that which did not respond to IV hydration and administration of ondansetron and/or metoclopramide. All eight patients agreed to undergo acupuncture treatment. Points utilized included bilateral pericardium 6 treatment with retention of needles for 15 minutes. Patient’s age ranged from six years to eighteen years with a mean of 13.4 years. There were 3 males and 5 females in the group. Surgical case types included orthopedic (3), dental (2), otolaryngological (1), plastics (1), general surgery (1). Seven of the eight patients had a significant reduction in postoperative nausea and vomiting enough to be discharged from the post-anesthesia recovery unit and avoid an otherwise unscheduled admission. One patient was admitted overnight for persistence of her symptoms. She was discharged after postoperative day 2.

Discussion: Acupuncture is a treatment that was developed in China and has been practiced for over 2000 years in that part of the world. Since the 1970’s acupuncture has been more widely practiced in United States, and in 1997, the National Institutes of Health issued the statement “acupuncture may be useful as a adjunct treatment or an acceptable alternative or included in a comprehensive management program for many medical conditions.” We describe an observation that acupuncture may be useful in alleviating postoperative nausea and vomiting in pediatric patients who are otherwise refractory to treatment with conventional antiemetics. Additionally, concerning clinical anesthesia outcomes to avoid, patients rated from most undesirable to least undesirable (in order): vomiting, gagging on the tracheal tube, incisional pain, nausea, recall without pain, residual weakness, shivering, sore throat, and somnolence.

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