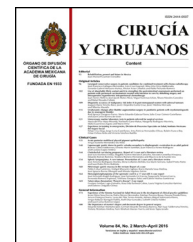




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ORIGINAL ARTICLE

Efficacy of modified auriculotherapy for post-operative pain control in patients subjected to laparoscopic cholecystectomy[☆]



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KEYWORDS

Post-operative pain;
Cholecystectomy;
Laparoscopy;
Modified
auriculotherapy

Abstract

Background: The high frequency of post-operative pain in the patients after laparoscopic cholecystectomy has led to the need to use multiple analgesic therapies. These include auriculotherapy, although not very good results have been obtained with the traditional techniques. **Objective:** To evaluate the effectiveness of modified auriculotherapy for post-operative pain control in laparoscopic cholecystectomy patients.

Material and methods: Double-blind controlled clinical trial. Experimental group: Different points ear puncture with xylocaine without needles vs. placebo group. Post-operative visual analogue scale (VAS) at 6, 12, 18, 24, 36, and 48 h and rescue doses of analgesics, were measured in both groups.

Results: At 6 h post-operative, 87% of the auriculotherapy group had a VAS of <4 vs. 48% of placebo group ($p=0.004$), and 96 vs. 74% ($p=0.008$) at 18 h. At 24, 36 and 48 h after surgery there were no differences, and as all of the patients in both groups had a VAS <4, they were discharged to the hospital.

Conclusions: Modified auriculotherapy was better to the conventional analgesics for post-operative pain control in patients subjected to laparoscopic cholecystectomy.

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PALABRAS CLAVE

Dolor postoperatorio;
Colecistectomía;
Laparoscopia;
Auriculoterapia
modificada

Eficacia de la auriculoterapia modificada como tratamiento para el control del dolor postoperatorio en pacientes intervenidos mediante colecistectomía laparoscópica

Resumen

Antecedentes: La presencia de dolor en el postoperatorio de la colecistectomía laparoscópica nos obliga al uso de múltiples terapias analgésicas, incluyendo entre todas estas a la auriculoterapia, aunque con la técnica habitual tradicionalmente utilizada se han reportado resultados moderados.

Objetivo: Evaluar la eficacia de la auriculoterapia modificada en el control del dolor postoperatorio en la colecistectomía laparoscópica.

Material y métodos: Ensayo clínico controlado doble ciego. Grupo experimental: auriculoterapia con xilocaína sin agujas vs. grupo placebo. Evaluación de escala visual análoga (EVA) a las 6, 12, 18, 24, 36 y 48 h. Medición de analgésico necesario de rescate en ambos grupos.

Resultados: A las 6 h, presentaron EVA <4, un 87% del grupo de auriculoterapia vs. un 48% del grupo de placebo ($p=0.004$); a las 18 h, 96 vs. 74% ($p=0.008$). A las 24, 36 y 48 h no hubo diferencias, ya que todos los pacientes presentaron EVA <4 o se egresaron.

Conclusión: La auriculoterapia modificada es superior a la analgesia convencional para el control del dolor en el postoperatorio de pacientes a quienes se les realiza colecistectomía laparoscópica.

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Background

Although the first laparoscopic cholecystectomy in humans was performed in 1987 by Mouret,¹ it was not until 1992 in the National Institutes of Health Consensus in Bethesda when it was concluded that laparoscopic cholecystectomy was the treatment of choice for cholecystitis.² Since then the procedure has become rapidly accepted compared with open cholecystectomy, due to the advantages of minimal invasion, which include: less postoperative pain, faster recovery, reduction of hospital stay and lower costs.³⁻⁶

However, despite its advantages, laparoscopic cholecystectomy may incur postoperative pain, which is one of the major reasons to prolong hospital stay, readmit patients and for prolonged convalescence.^{7,8} Many alternatives have been administered to control postoperative pain, such as the administration of preoperative analgesics or local pre-emptive anaesthetic at the insertion sites,^{9,10} irrigating with xylocaine in the right hemidiaphragm,¹¹ using a different type of gas such as helium (He) instead of CO₂¹² or using CO₂ humid and tepid, instead of cold,¹³ without any proof of significant efficacy.

Similar to auriculotherapy, acupuncture has been used to control different types of pain, among which the following are of note: headaches, back pain and articular pain.¹⁴ The use of auricular therapy for the control of postoperative pain in laparoscopic cholecystectomy has been proven to be effective as reported by King,¹⁵ Usichenko¹⁶ and Lequang et al.¹⁷ in their works, although the use of a modified acupuncture method combined with ear puncture with xylocaine without leaving the needles in place would help patient management for the postoperative period.

Objective

To assess the usefulness of modified auricular acupuncture for the control of postoperative pain, in patients who are treated with laparoscopic cholecystectomy.

Material and methods

A controlled clinical trial was conducted in the Surgery Service of the Central Hospital Ignacio Morones Prieto in the city of San Luis Potosí (Mexico). All patients over 15 years of age, of any gender, and who were willing to participate in the study, scheduled for elective laparoscopic cholecystectomy were included. Patients with clinical, laboratory or ultrasound data regarding acute cholecystitis, biliary obstruction or cholangitis and pancreatitis were excluded, and those who had received premedication with analgesics by any pathway (including during anaesthetic induction), with coagulation conditions, those allergic to ketorolac, and those with kidney failure, or decompensated concomitant diseases (diabetes mellitus, high blood pressure, liver cirrhosis, etc.). Patients who had undergone an open procedure conversion were eliminated, and those treated with complementary surgical procedures in addition to the cholecystectomy (hernioplasty, appendectomy, biopsies of any type, etc.) and patients with intraoperative findings of pancreatitis, gallbladder perforation or vesicular neoplasm. Prior to the cholecystectomy, the patients were randomly assigned to receive auriculotherapy plus conventional rescue analgesia when necessary (group A) or only conventional analgesia when necessary (group B).

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