

## **Stimulation of P6 for Preventing Postoperative Nausea and Vomiting**

*Lee A, Done M. et al. Anaesthesia and Intensive Care, The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, New Territories, HONG KONG. Postoperative nausea and vomiting (PONV) are common complications following surgery and anaesthesia. Drug therapy to prevent PONV is only partially effective. An alternative approach is to stimulate a P6 acupoint on the wrist. Although there are many trials examining this technique, the results so far are conflicting.: To determine the efficacy and safety of P6 acupoint stimulation in preventing PONV researchers searched CENTRAL (The Cochrane Library, Issue 1, 2003), MEDLINE (January 1966 to January 2003), EMBASE (January 1988 to January 2003) and the National Library of Medicine publication list of acupuncture studies up to and including January 2003. Reference lists of retrieved papers and reviews were consulted for additional references. They selected all randomized trials of techniques that stimulated the P6 acupoint compared with: sham treatment or drug therapy for the prevention of PONV. Interventions used in these trials included acupuncture, electro-acupuncture, transcutaneous nerve stimulation, laser stimulation, acustimulation device and acupressure. Two reviewers independently assessed methodological quality and extracted the data. Primary outcomes were incidences of nausea and vomiting. Secondary outcomes were the need for rescue antiemetic therapy and adverse effects. A random effects model was used and relative risk (RR) with associated 95% confidence intervals (95% CI) are reported. Egger's test was used to measure the asymmetry of the funnel plot.*

*Reviewers included 26 (n = 3347), none of which reported adequate allocation concealment. There were significant reductions in the risks of nausea (RR 0.72, 95% CI 0.59 to 0.89), vomiting (RR 0.71, 95% CI 0.56 to 0.91) and the need for rescue antiemetics (RR 0.76, 95% CI 0.58 to 1.00) in the P6 acupoint stimulation group compared with the sham treatment, although many of the trials were heterogeneous. There was no evidence of difference in the risk of nausea and vomiting in the P6 acupoint stimulation group versus individual antiemetic groups. However, when different antiemetics were pooled, there was significant reduction in the risk of nausea but not vomiting in the P6 acupoint stimulation group compared with the antiemetic group (RR 0.70, 95% CI 0.50 to 0.98; RR 0.92, 95% CI 0.65 to 1.29 respectively). The side effects associated with P6 acupoint stimulation were minor. There was some evidence of asymmetry of the funnel plot. Researchers concluded this review supports the use of P6 acupoint stimulation in patients without antiemetic prophylaxis. Compared with antiemetic prophylaxis, P6 acupoint stimulation seems to reduce the risk of nausea but not vomiting.*