



臺北市立萬芳醫院 - 委託臺北醫學大學辦理
Taipei Municipal Wanfang Hospital (Managed by Taipei Medical University)

穴位刺激是否能促進胃部手術後病人 腸蠕動？

單位：9A病房

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指導者：湯梅芬督導長

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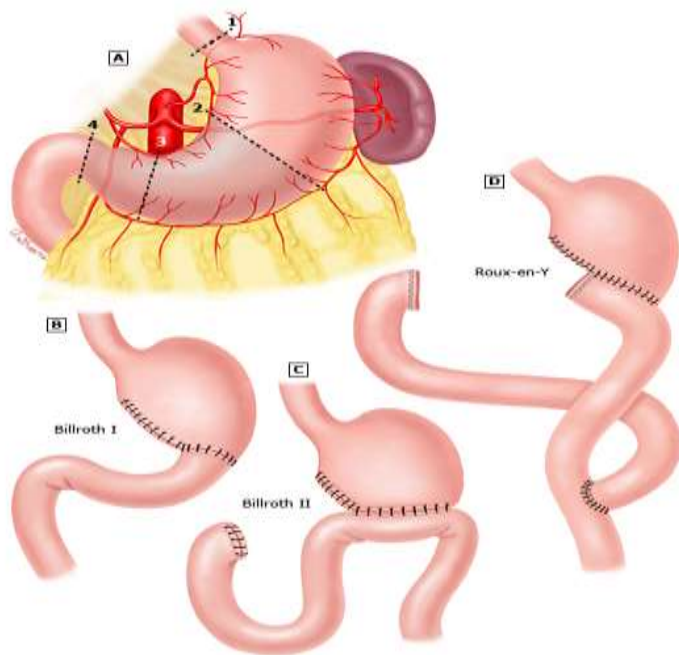
背景問題

- 本病房科別以一般外科及直腸外科病人為主，本單位較多胃腸手術的病人，手術後較常會遇到病患出現長時間未排氣，或腸蠕動較慢情形，導致進食後容易出現噁心嘔吐情形，延長禁食以及TPN使用時間，降低腸道營養的吸收，進而延長住院天數。
- 雖然鼓勵病人手術後多下床活動，但往往因腹部傷口疼痛，導致術後病人下床意願低。
- 臨床上看到大腸直腸外科醫師會使用腹部穴位按摩的方式促進術後病人腸胃蠕動，故欲了解穴位按摩可否促進胃部手術後的病人腸胃蠕動。

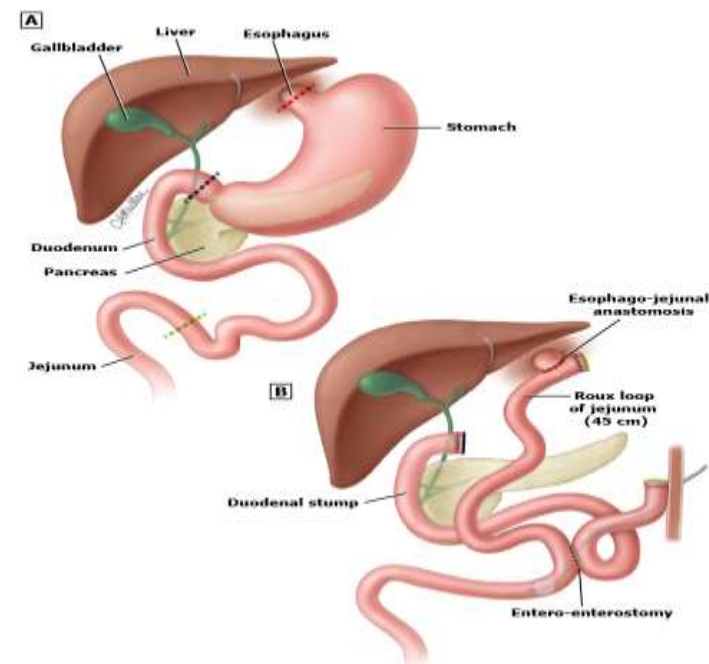
簡介-胃癌手術

手術方式：胃切除手術主要分為次全胃切除術(subtotal gastrectomy)和全胃切除術(total gastrectomy)兩種。

✓次全胃切除術的重建方式：胃十二指腸吻合術(Billroth I)、胃空腸吻合術(Billroth II或Roux-en-Y)



✓全胃切除術則以食道空腸吻合術為主，如：Y形空腸吻合(Roux-en-Y)型態或空腸間置術。



簡介-胃切除術後營養相關併發症

1. **體重下降**：是胃切除病人常見的現象之一，最常發生在**手術後的前三個月**。體重流失主要是由於**腸胃不適導致進食量減少、營養素吸收不良等所致**，可能會增加術後併發症發生率及死亡率、降低對治療的耐受能力及生活品質。因此胃切除手術病人宜儘早採取營養支持，以避免病人體重過度減輕。
2. **傾食症候群(dumping syndrome)**：在次全胃或全胃切除術病人的發生率約為25~50%，常發生在術後前三個月。分為早期與晚期二種：**早期**傾食症候群(early dumpingsyndrome)發生在進食後10-30分鐘，因術後胃容積減少、幽門括約肌功能喪失，具**高滲透壓的食物快速進入小腸**，導致水分從血管移到腸腔，使得小腸腫脹所致，症狀包含腹痛、腹脹、腹瀉、噁心、嘔吐。**晚期**傾食症候群，也稱作延遲性低血糖 (latedumpin gsyndrome)，發生在進食後1-3小時，主要是因醣類食物快速進入小腸，葡萄糖被快速吸收，使餐後血糖增加，刺激昇糖素類似胜肽(glucagon-like-peptide-1, GLP-1)分泌，導致胰島素過度分泌，引起延遲性低血糖和血管舒縮的症狀，如冒汗、顫抖、心跳加速、虛弱無力、神智不清、飢餓等症狀。

簡介-胃切除術後營養相關併發症

3. **貧血**：胃部手術後可能因鐵質、維生素B12及葉酸攝取或吸收不良，導致貧血。缺鐵性貧血的發生率約20~50%，在術後半年至兩年後較易發生，是術後十年內最常見的貧血原因。胃切除術減少胃酸分泌且降低維生素B12與內在因子(intrinsic factor)的結合，容易導致維生素B12的缺乏。葉酸缺乏的原因主要為飲食中攝取不足，或因十二指腸繞道手術、食物快速通過腸道而吸收不良
4. **脂肪消化不良**：約有10%的胃切除病人因脂肪吸收不良發生脂肪瀉(steatorrhea)。原因包括胃脂解酶(gastric lipase)分泌降低、胰臟外分泌液不足、膽囊收縮素(cholecystokinin)分泌量改變及腸道細菌過度增生，而出現腹痛、具臭味且油膩的腹瀉等脂肪吸收不良症狀。

簡介-胃切除術後營養相關併發症

5. 胃滯留(gastric stasis)：也稱作延遲性胃排空，術後發生率為0.4~13%，易發生在合併有迷走神經切除術的病人，但未進行迷走神經切除的胃空腸吻合術(Billroth II)也可能發生。症狀包含噁心、嘔吐、食慾喪失、腹脹、早飽感等，其發生原因包含胃容積變小、殘胃蠕動變慢、空腸吻合處的運動障礙及消化酵素分泌減少。飲食上宜採少量多餐、固體及液體食物分開進食、避免易產氣食物、以流質或泥狀食物取代部分固體食物。

穴位刺激種類



Acupuncture



electroacupuncture



Transcutaneous acupoint electrical stimulation (TEAS)

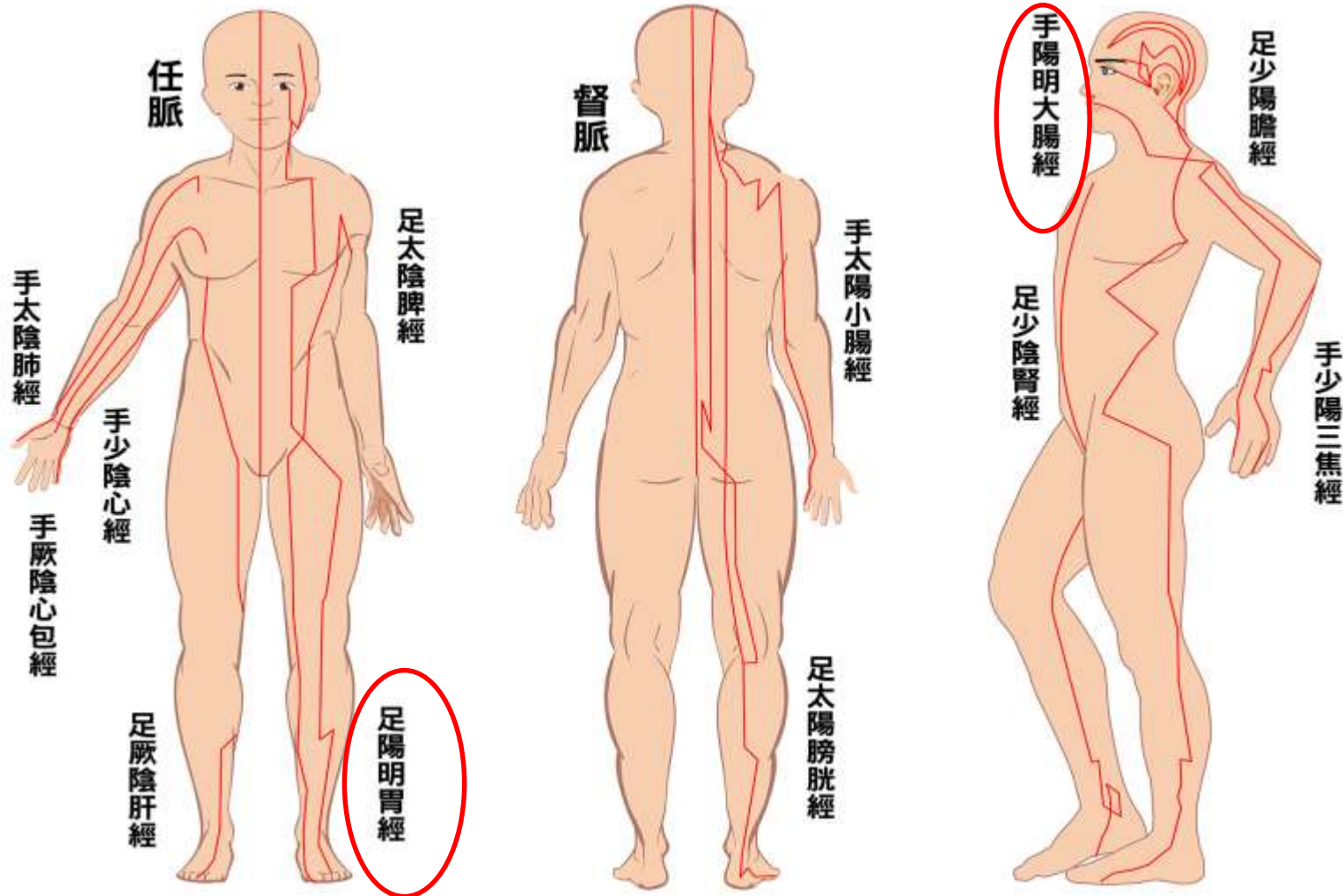


acupressure

簡介-穴位按摩

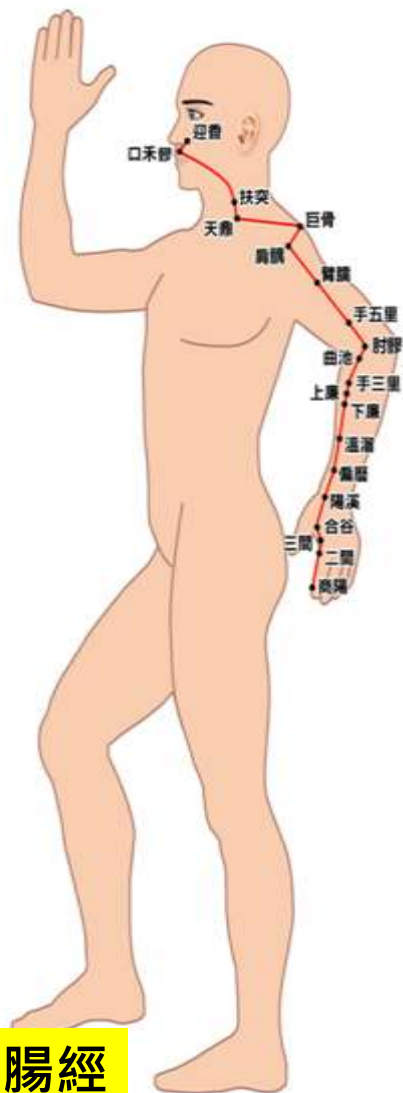
- **穴位按摩的方法：**以指腹抵住穴道慢慢施力，用力時間為3秒，每一個穴位按摩應持續3～5分鐘或是30下，一天1～3次。力道由輕漸重，以病人耐受程度為準
按壓部位出現「酸、麻、脹、重」的感覺--«得氣»
- **穴位按摩的注意事項：**
 - 1) 沒有特別的規定適合穴位按摩的時間，只要在個人方便的時候做即可。
 - 2) 穴位按摩可在飯前執行。
 - 3) 避免時機：劇烈運動後、飲酒後、剛沐浴後、剛用餐後、發燒超過38度、出血時、血壓明顯升高時；懷孕者應避免刺激腹部和脛部。
 - 4) 隨時觀察病人，注意按摩部位的反應以及按摩的力道。
 - 5) 病人如有「發炎」、「腫瘤」、「放射治療部位」、「皮膚病」及「骨頭、關節突出處」避免力道太大。

十二經絡

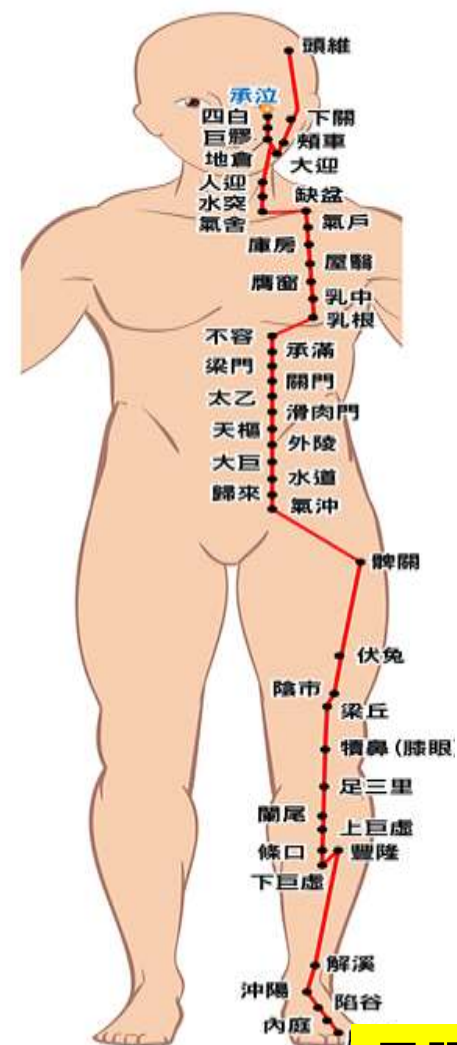


- 經絡是經脈和絡脈的總稱，是人體聯絡、運輸和傳導的系統
- 十二經脈：
 - 手三陰經（肺、心包、心）、
 - 手三陽經（大腸、三焦、小腸）
 - 足三陽經（胃、膽、膀胱）、
 - 足三陰經（脾、肝、腎）的總稱。

與腸胃功能有關的經絡與穴位



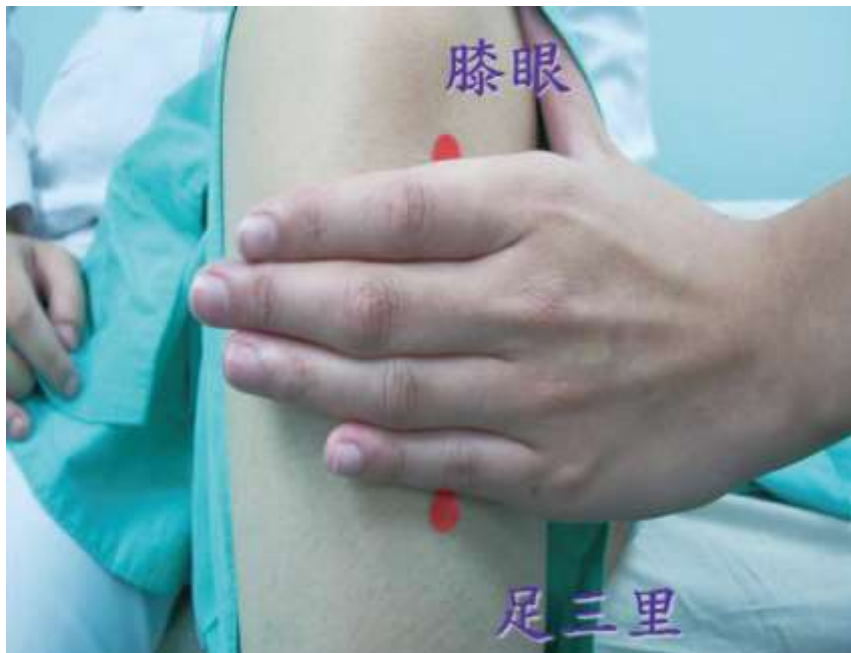
手陽明大腸經



足陽明胃經



簡介-穴位按摩



足三里：

位置在小腿前外側，外膝眼下三寸(約四指幅寬)的位置。

功效：這個穴道最有名的功能是緩解消化問題，包括便秘、脹氣、腫脹、噁心、腹瀉、腹痛和腹脹。



三陰交：

位置在內腳踝上方約三吋(四指幅)上方脛骨正後方

功效：可以補脾土，促進脾造血。在治療婦科疾病、性失衡、泌尿系統失衡、消化系統失衡和情緒失衡時，這是關鍵穴道。懷孕期間禁用此穴



合谷穴：

位於虎口合併時，肌肉突起的地方。

功效：消化不良、腸鳴，肚子咕嚕咕嚕叫的時候可以按摩合谷穴一直到痠脹程度即可



簡介-穴位按摩



曲池穴：

彎曲手肘，此穴位於手肘外側的肘窩橫紋盡頭。

功效：改善消化系統問題、增強血液循環、調節內分泌系統、對心臟疾病有治療作用、清熱涼血、緩解皮膚疾病、通便改善便秘



百會穴：

位於左右兩耳至頭頂正中的線，與眉間中心往上直線的交會點。

功效：能夠使身體分泌具有鎮靜、止痛效果的腦內啡，使得副交感神經活躍，並增加淋巴球、提高自癒力、改善頭痛、便秘、緩解肩頸僵硬。



文獻介紹

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REVIEW ARTICLE

Effect of Acupoint Stimulation on Improving Gastrointestinal Motility in Patients After Gastrectomy: A Systematic Review and Meta-Analysis

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and Yu-Chi Chen, RN, PhD¹



Appraisal sheets (FAITH)

Appraisal Tool 【統合分析 Meta-analysis】

- 步驟1：研究探討的問題為何
- 步驟2：研究的品質如何(內在效度)
- 步驟3：研究結果之意義為何(效益)



步驟1:系統性文獻回顧探討的問題為何?

Acupoint stimulation, such as in acupuncture, transcutaneous electrical acupoint stimulation (TEAS), and acupressure, can improve gastrointestinal dysfunction.²¹ The mechanisms involve activating large myelin nerve fibers, including the vagus nerve, releasing γ -aminobutyric acid, adenosine, and nitric oxide, which alleviate pain. This reduces anesthetic dosage,^{22,23} releases motilin to increase small bowel motility,¹⁵ and decreases inflammatory processes through the cholinergic anti-inflammatory pathway.²⁴ Notably, research results have been inconsistent; therefore, this study aimed to conduct a meta-analysis to explore the effects of acupoint stimulation in improving gastrointestinal motility after gastrectomy.

研究族群 / 問題 (Population)	Gastrectomy patient
介入措施 (Intervention)	Acupoint stimulation
比較 (Comparison)	Usual care
結果 (Outcomes)	Improving gastrointestinal Motility(first flatus 、defecation)

Appraisal sheets(FAITH)

Appraisal Tool 【統合分析 Meta-analysis】

- ． 步驟1：研究探討的問題為何(PICO)
- ． 步驟2：研究的品質如何(內在效度)
- ． 步驟3：研究結果之意義為何(效益)

FAITH-研究是否找到所有的相關證據？

良好的文獻搜尋至少應包括二個主要的資料庫 (如: Medline, Cochrane 考科藍實證醫學資料庫, EMBASE 等) , 並且加上文獻引用檢索(參考 文獻中相關研究、Web of Science, Scopus 或 Google Scholar)、試驗登錄資料等。

文獻搜尋 應不只限於英文, 並且應同時使用 MeSH 字串及一般檢索詞彙(text words)。

We systematically searched electronic databases, including PubMed, Cochrane, the Joanna Briggs Institute EBP Database, Medline, CINAHL Complete, and Airiti library. Studies were retrieved from the inception of each database until April 2022. Keywords, MeSH terms, and truncation symbols were applied in the search strategy, including “Gastrectomy”[Mesh] AND “Acupressure”[Mesh] OR “Acupuncture”[Mesh] OR “Acupuncture Therapy”[Mesh] OR “Acupuncture Points”[Mesh] OR “Acupuncture, Ear”[Mesh] OR “Meridians”[Mesh] OR “Electroacupuncture”[Mesh] OR “Qi”[Mesh] OR “stimulate certain point” OR “electrical acupoint stimulation” OR “transcutaneous electric nerve stimulation”; Gastre* AND Acup*. In addition, language was restricted to Chinese or English, without year and country limitations.

- ✓ 搜尋資料庫：6個
英文/中文資料庫
- ✓ 搜尋年限：到2022
年4月
- 語言：英文或中文

評讀結果：

■是 □否 □不確定



FAITH-研究是否找到所有的相關證據？

納入標準：

- (1) studies with participants > 18 years of age and postgastric surgery and hospitalized patients
- (2) RCTs
- (3) studies comparing the effect of acupoint stimulation and routine care
- (4) studies with outcomes comprising a time of first flatus

排除標準：

- (1) studies reporting gastrectomy combined with other surgeries
- (2) articles discussing gastric immobility prevention
- (3) reports on participants with diabetic gastroparesis
- (4) articles with no full text
- (5) protocol and pilot studies

PRISMA

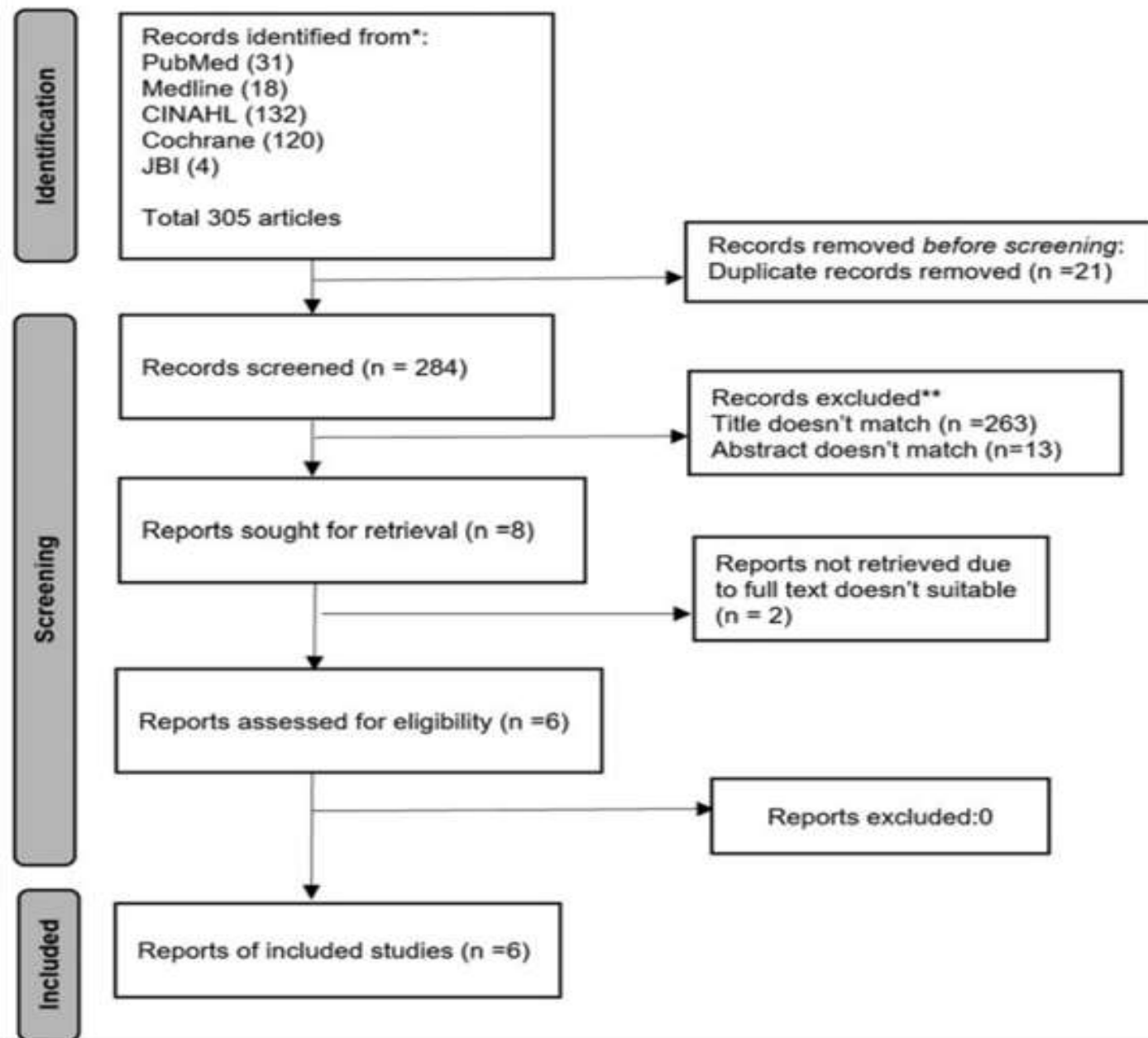


TABLE 1. CHARACTERISTICS OF STUDIES INCLUDED IN META-ANALYSIS

<i>Authors/country</i>	<i>Sample size</i>	<i>Intervention</i>	<i>Provider</i>	<i>Acupoint</i>	<i>Time to flatus (h)</i>	<i>Time to defecation (h)</i>
Gu et al. ¹⁰ /China	Experiment (<i>n</i> = 60) Control (<i>n</i> = 60)	TEAS/sham-TEAS	Research nurse	(ST-36) (PC-6)	Experiment: 36.58 ± 10.75 Control: 43.56 ± 9.57 (<i>p</i> = 0.03)	Experiment: 71.48 ± 20.62 Control: 77.27 ± 22.67 (<i>p</i> = 0.04)
Hsiung et al. ¹¹ /Taiwan	Experiment (<i>n</i> = 60) Control (<i>n</i> = 60)	Acupressure/usual care	Researcher	(ST-36) (PC-6)	Experiment: 79.97 ± 37.31 Control: 98.09 ± 23.45 (<i>p</i> = 0.04)	Experiment: 108.55 ± 10.75 Control: 114.63 ± 22.65 (<i>p</i> = 0.34)
Jung et al. ¹² /Korea	Experiment (<i>n</i> = 18) Control (<i>n</i> = 18)	Acupuncture/usual care	Chinese medicine doctors	**	Experiment: 55.92 ± 11.76 Control: 70.56 ± 19.2 (<i>p</i> = 0.009)	Experiment: 70.56 ± 15.36 Control: 81.36 ± 16.56 (<i>p</i> = 0.054)
Qiu et al. ¹³ /China	Experiment (<i>n</i> = 201) Control (<i>n</i> = 184)	Electroacupuncture/ sham electroacupuncture	Acupuncturist	(PC-6) (ST-25) (ST-36) (ST-35)	Experiment: 72 ± 14.4 Control: 108 ± 19.2 (<i>p</i> < 0.001)	Experiment: 103.2 ± 16.8 Control: 139.2 ± 24 (<i>p</i> < 0.001)
You et al. ¹⁴ /China	Experiment (<i>n</i> = 59) Control (<i>n</i> = 53)	Acupuncture/usual care	Nurse and surgeons	(ST-36)	Experiment: 40.34 ± 17.1 Control: 44.15 ± 12.3 (<i>p</i> = 0.175)	Experiment: 72 ± 14.4 Control: 108 ± 19.2 (<i>p</i> = 0.256)
Zhou et al. ¹⁵ /China	Experiment (<i>n</i> = 41) Control (<i>n</i> = 40)	TEAS/usual care	No description	(LI-4) (PC-6) (BL-21) (BL-27) (ST-36) (ST-37)	Experiment: 55.63 ± 16.74 Control: 72.60 ± 20.92 (<i>p</i> < 0.001)	Experiment: 72.2 ± 16.24 Control: 95.78 ± 17.75 (<i>p</i> < 0.001)

All the articles are randomized controlled trials; time is represented by (mean ± SD).

**The acupoints were bilateral Zusanli (ST-36), Sanyinjiao (SP-6), Hegu (LI-4), Zhiqiu (TE-6), Taichong (LV-3), and Quchi (LI-11), and unilaterally at Baihui (GV-20), Yintang (EX-HN3), Shuigou (GV-26), and Chengjiang (CV-24).

TEAS, transcutaneous electrical acupoint stimulation.

FAITH-文獻是否經過嚴格評讀？

應根據不同臨床問題的文章類型，選擇適合的評讀工具，並說明每篇研究的品質(如針對治療型的臨床問題，選用隨機分配、盲法、及完整追蹤的研究類型)

We extracted data from original reports using (1) year of publication; (2) country; (3) study design; (4) sample characteristics (sample size and population type); (5) type of intervention (acupuncture, acupressure, and TEAS); and (6) comparison groups and results (“time of first flatus” and “time of first defecation”). Two independent reviewers conducted the literature search, data extraction, and quality assessment, and a third reviewer was included when inconsistencies remained after discussion. All data were managed by importing them into Endnote 20.

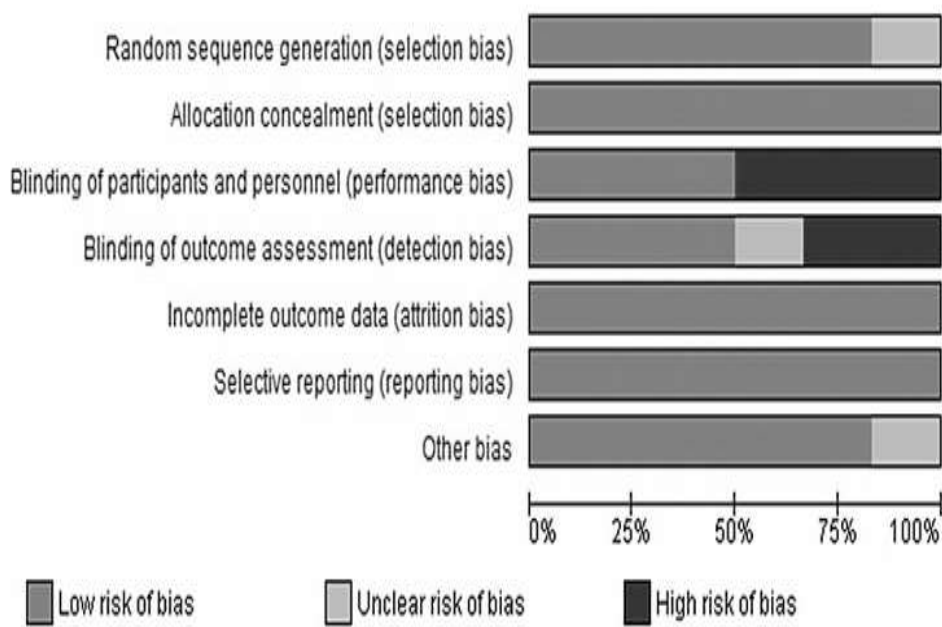
The Cochrane Collaboration tool²⁵ was used to assess the risk of bias of the included RCTs. The six domains in this tool include random sequence generation, allocation concealment, blinding of participants and personnel, blinding of outcome assessment, incomplete outcome data, selective reporting, and other bias. The domains were classified as “low risk,” “unclear risk,” and “high risk” based on the assessment. Besides acupoint stimulation, the study designs included sham-TEAS¹⁰ and sham-electroacupuncture.¹³ However, blinding the intervention provider was difficult in these studies because they always knew who received acupoint stimulation. Nevertheless, performance bias was not the main focus of our study; hence, the articles were not excluded, despite being unblinded.

評讀結果：

■是 □否 □不確定

FAITH-是否只納入 (Included) 具良好效度的文章？

FIG. 5. Risk of bias summary for all graphs.



評讀結果：

■是 □否 □不確定

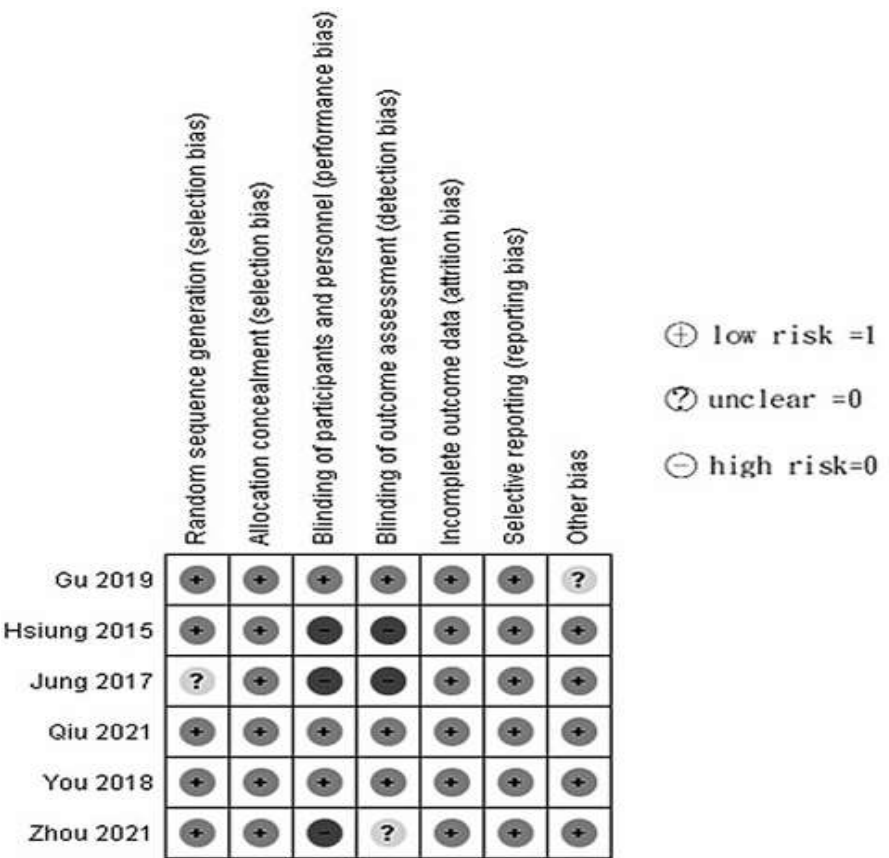


FIG. 4. Risk of bias graph for included study.

FAITH-是否以表格和圖表總結試驗結果?

應該用至少 1 個摘要表格呈現所納入的試驗結果。若結果相近，可針對結果進行統合分析(meta-analysis)，並以「森林圖」(forest plot) 呈現研究結果，最好再加上質性分析。

FAITH-試驗的結果是否相近-異質性?

在理想情況下，各個試驗的結果應相近或具同質性，若具有異質性，作者應評估差異是否顯著(卡方檢定)。根據每篇個別研究中不同的 PICO及研究方法，探討造成異質性的原因。

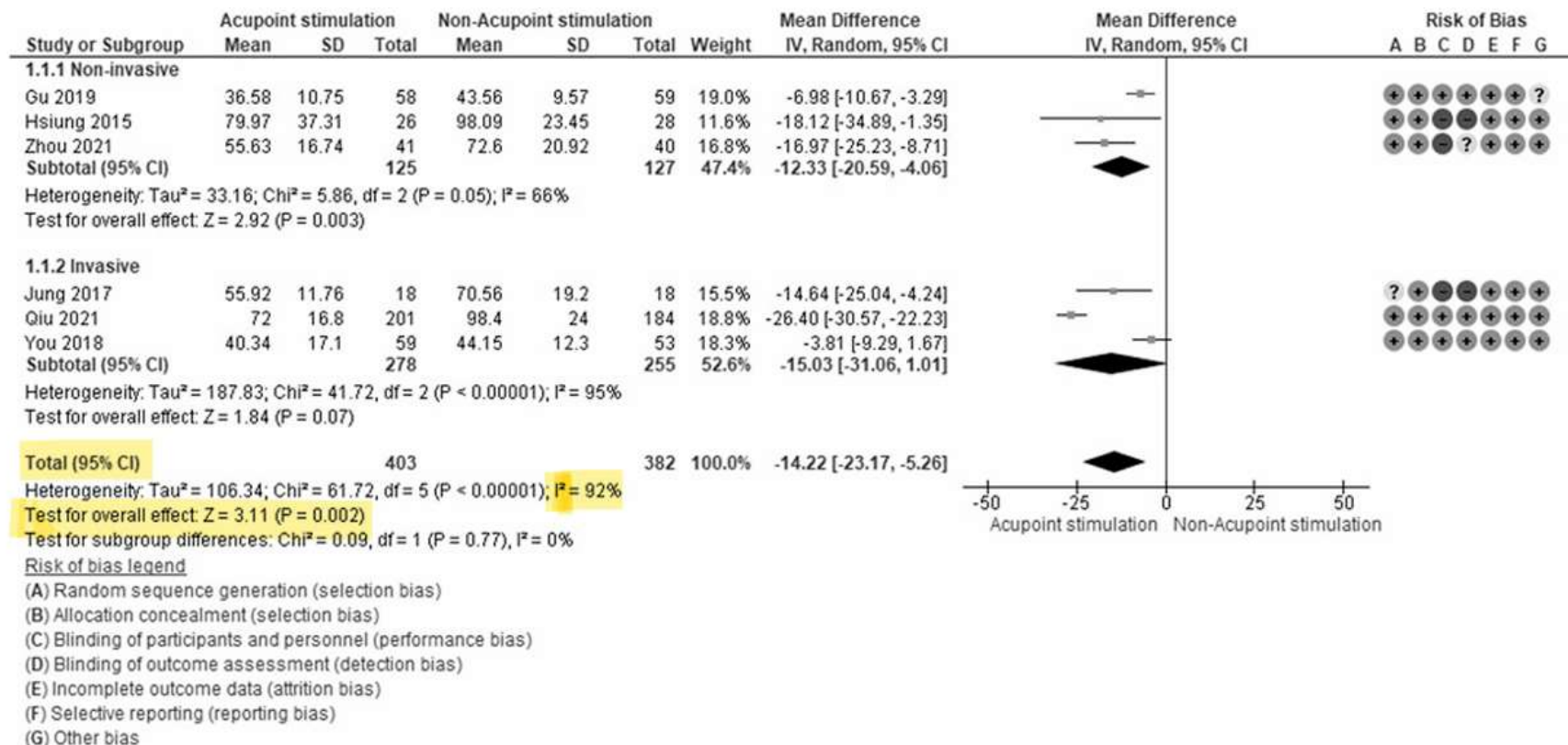
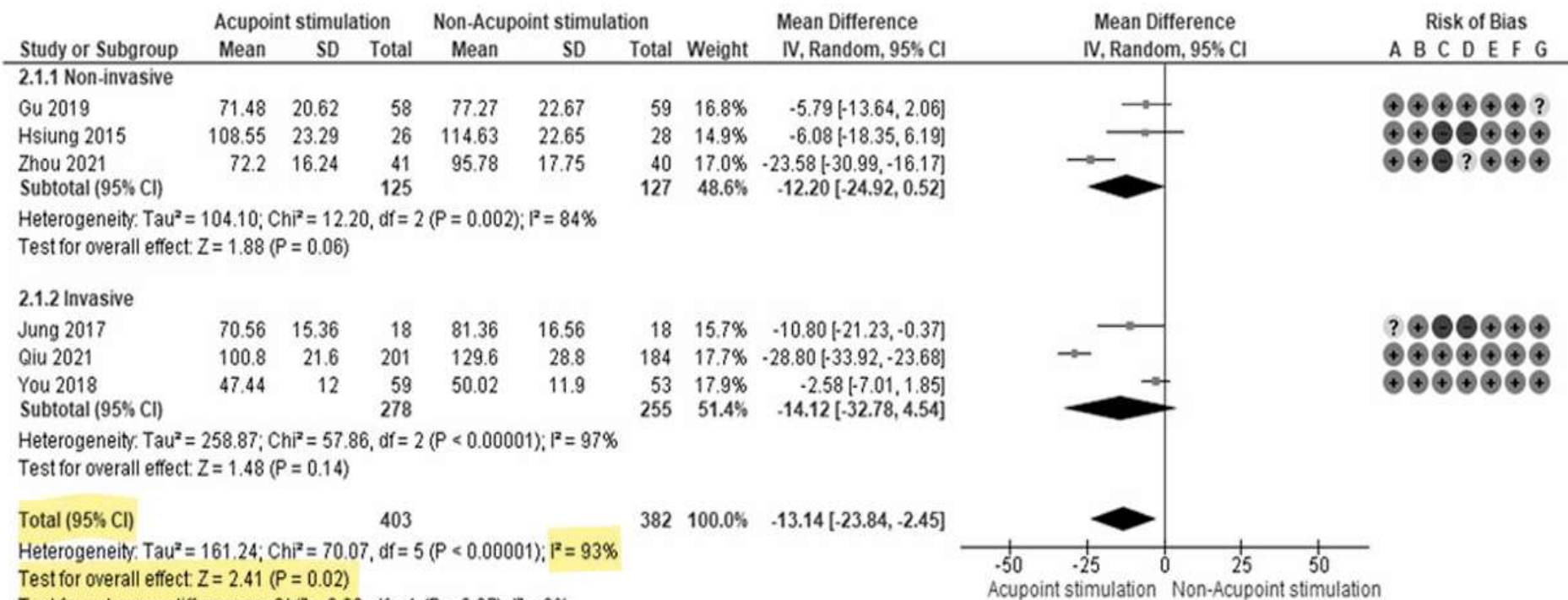


FIG. 2. Forest plot of the meta-analysis illustrating the overall weighted effect size of acupoint stimulation includes invasive and noninvasive to reduce time to first flatus (h) in patients after gastrectomy. The *diamond* on the *bottom* of the forest plot represents the overall weighted estimate. CI, confidence interval.



Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

FIG. 3. Forest plot of the meta-analysis illustrating the overall weighted effect size of acupoint stimulation includes invasive and noninvasive to reduce time to first defecation (h) in patients after gastrectomy. The *diamond* on the *bottom* of the forest plot represents the overall weighted estimate. CI, confidence interval.

評讀結果：

■是 □否 □不確定

評讀總表

系統性文獻回顧的品質	
研究是否找到(Find) 所有的相關證據？	評讀結果：是
文獻是否經過嚴格評讀(Appraisal)？	評讀結果：是
是否只納入(Included)具良好效度的文章？	評讀結果：是
作者是否以表格和圖表「總結」(Total up) 試驗結果？	評讀結果：是
試驗的結果是否相近 - 異質性 (Heterogeneity)？	評讀結果：是

Appraisal sheets(FAITH)

Appraisal Tool 【統合分析 Meta-analysis】

- 步驟1:研究探討的問題為何(PICO)
- 步驟2:研究的品質如何(內在效度)
- 步驟3:研究結果之意義為何(效益)

結論

We found that acupoint stimulation could improve gastrointestinal motility, consistent with a previous meta-analysis.²⁷ Acupoint stimulation reduced the time of first flatus and defecation to 14.22 and 13.14 h, respectively, compared with usual care, where time to first flatus and defecation was 43.56 ± 9.57 h to 108 ± 19.2 h and 77.27 ± 22.67 h to 139.2 ± 24 h, respectively.¹⁰⁻¹⁵ This indicates that acupoint stimulation is an effective alternative therapy in clinical care; it may help patients recover gastrointestinal mobility, improve appetite and nutrition, and reduce abdomen distention and hospitalization. The acupoints ST-36 and PC-6 were stimulated in all articles; other acupoints used are listed in Table 1. We used subgroup analysis to compare the effects of invasive and noninvasive acupoint stimulation. Noninvasive acupoint stimulation, such as acupressure and TEAS, improved gastrointestinal motility and was better than invasive acupoint stimulation.

- ✓ 穴位刺激可以改善胃腸蠕動，首次排氣時間減少了14.22小時，排便時間減少13.14小時。
- ✓ 穴位刺激是一種有效的替代療法於臨床照護；它可以幫助患者恢復胃腸道活動能力，改善食慾和營養，並減少腹脹和住院。
- ✓ 非侵入性穴位刺激，如指壓按摩與TEAS，其改善腸胃蠕動之效果比侵入性穴位刺激好

Acupoint stimulation improved gastrointestinal motility after gastrectomy. By selecting the corresponding acupoints for gastrointestinal function and stimulating them, the balance of *qi*, blood, *yin-yang*, and physiological mechanisms of meridians can be regulated to improve gastrointestinal motility after gastrectomy. Noninvasive acupoint stimulation, such as TEAS and acupressure, was more effective than invasive acupoint stimulation. Acupoint stimulation techniques can be implemented without complex and expensive equipment in clinical settings. However, acupoint stimulation requires training, and only well-trained health professionals can perform this procedure to improve the quality of postgastrectomy care. Nevertheless, this study provides statistical evidence that acupuncture stimulation is effective in enhancing gastrointestinal motility after gastrectomy.



限制

This study had some limitations. First, the study had high heterogeneity due to different acupoint stimulation methods; although the operators were professional, the acupoint stimulation technique differed. Therefore, we performed a subgroup and random effect model analyses to

1. 穴位按壓方法過多，異質性大。
2. 研究追蹤時間過短，建議追蹤4-12週。
3. 收案對象侷限在亞洲地區，無法推估其他地區病人。

determine their effects. in addition, the number of RCTs on acupoint stimulation methods was insufficient for a meta-analysis. Consequently, we combined the acupoint stimulation methods into invasive and noninvasive to compare the effects. In the future, we will compare individuals to know which acupoint stimulation technique is effective. Moreover, we focused on only gastrectomy-induced gastrointestinal immobility and compared time to flatus and defecation; this provided a short-term effect and benefits of different acupoint stimulation methods. Therefore, studies assessing long-term effects over 4–12 weeks are needed to confirm the benefits of acupoint stimulation in gastrointestinal discomfort.

Furthermore, these original studies were conducted in Asia, including Chinese, Taiwanese, and Korean patients; therefore, these results may not be generalizable to other regions

另一篇文獻提到

- 目的:旨在評估護理師進行的穴位按摩對接受大腸直腸癌手術的患者術後早期胃腸功能的有效性。
- 方法：將112位計畫接受大腸直腸癌手術的成年患者（18歲）隨機分為兩組。在術後1-5天進行ST36(足三里)指壓按摩，對照組使用輕輕摩擦皮膚。
主要結果是首次排氣和排便的時間，而次要結果是腹脹程度和腸蠕動。
- 結果：穴位按摩顯著縮短了首次腸胃氣排出時間為 11.08 小時 (95%CI : 19.36 至 2.81 ; $P < 0.01$) 。首次排便、腹脹、腸蠕動皆有一些改善，但無統計學差異 ($P > 0.05$)
- 結論：本研究顯示，由受過訓練的護理師進行指壓按摩可能是促進大腸直腸癌手術患者早期胃腸功能恢復的有效且可行的解決方案



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Original Article

Nurse-delivered acupressure on early postoperative gastrointestinal function among patients undergoing colorectal cancer surgery



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ABSTRACT

Objective: Postoperative gastrointestinal dysfunction occurred up to 25% of patients who undergo colorectal cancer surgery, which could cause severe complications and increase economic burden. This study aims to evaluate the effectiveness of nurse-delivered acupressure on early postoperative gastrointestinal function among patients undergoing colorectal cancer surgery.

Methods: A total of 112 adult patients (≥ 18 years) scheduled to receive colorectal cancer surgery were randomized into two groups. Acupressure was practiced at ST36 for five days after operation, while the control group used gently rubbing skin. Primary outcomes were the time to first passage of flatus and defecation, while the secondary outcomes were the degree of abdominal distention and bowel motility. The Student's *t*-test and Mann-Whitney *U* test or Chi-square test and regression analyses were used, while for repeated measures of outcomes, area under the curve (AUC) was compared between groups and subgroups.

Results: After adjusting for potential confounding variables, acupressure significantly shortened the time to have first flatus passage by 11.08 h (95%CI: -19.36 to -2.81; $P < 0.01$). The first passage time of defecation (mean, 77.00 \pm 36.27 h vs. 80.08 \pm 28.88 h), abdominal distention (AUC, 5.68 \pm 5.24 vs. 5.92 \pm 4.03), and bowel motility (AUC, 12.09 \pm 4.70 vs. 11.51 \pm 3.00) in the intervention group had some improvement although the differences were not statistically significant ($P > 0.05$).

Conclusions: This study indicated that acupressure done by trained nurses could be an effective and feasible solution to promote early gastrointestinal function recovery among patients undergoing colorectal cancer surgery. **Trial registration:** Chinese Clinical Trial Registry (ChiCTR-IOR-17012460).



Acupressure procedure

The nurses located and marked the acupoint ST36, which is located at lateral to the tibia and three *cun* (equal to the width of the patient's four fingers at the level of proximal interphalangeal joint of the index finger) down from the patella, as shown in Fig. 3.³¹ The acupressure was practiced at bilateral ST36 by a nonelectronic metal acupen, which is used for pressing acupoints instead of using fingers. The acupressure process was repeated by pressing once per second and lasted for 5 min on each side.^{32,33} The frequency was twice a day starting from day 1 (during 8:00–10:00 am and 3:00–5:00 pm) and lasted for 5 days after operation.³² The pressing force of acupressure was approximately 2–3 kg but with adjustments according to patients' feedback based on the individualized principle.³⁴ During the process, vital signs (heart rate and blood pressure level on bedside monitors, if available) and patients' reports of discomfort were carefully monitored to ensure patients' safety.

Patients in the control group received gently rubbing the skin on ST36 with no pressure. The acupressure procedure, frequency, and duration were the same as those with the intervention group. All other medical and nursing care in both groups followed the usual care in the hospital.

- **位置:**護理人員定位標記ST36穴，位於脛骨外側，距髕骨下方三寸（相當於病人食指近指間關節處四指的寬度）。
- **方法:**用手指來按壓穴位，每次按壓1秒，持續 5 分鐘，按壓兩側。
- **頻率:**2次/天(上午 8:00–10:00 和下午 3:00–5:00)，在手術後持續 5 天
- 指壓的壓力為2-3公斤，但可根據患者的回饋以個別化原則進行調整公斤。
- 對照組患者在 ST36 上無壓力地輕輕摩擦皮膚。指壓程序、頻率和持續時間與介入組相同。兩組其他醫療照護均依照醫院常規照護進。

討論

是否同意將穴位按摩納入胃部手術術後常規衛教？



參與共23人 →

同意

12票

→
不確定

10票

不同意

1票



謝謝聆聽

