INPLASY PROTOCOL

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Review Stage at time of this submission: **Preliminary searches.**

Conflicts of interest:
None declared.

Can acupuncture relieve postoperative pain? A systematic review and meta-analysis

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Review question / Objective: **The purpose of this study was to investigate the analgesia difference between acupuncture and non-acupuncture treatment for postoperative pain, and the selected research method was RCT experiment.**
Condition being studied: **Surgical types include gynecology, dentistry, orthopedics, abdominal surgery, laparoscopy, hemorrhoid surgery, tonsillectomy, thyroidectomy, venous ablation, etc.**
Information sources: **PubMed, Web Of Science, Cochrane Library and Embase databases.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 17 December 2022 and was last updated on 17 December 2022 (registration number INPLASY2022120071).

INTRODUCTION

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METHODS

Participant or population: **Postoperative pain patients of any age or gender.**

Intervention: **Acupuncture, electro-acupuncture and auricular acupuncture.**

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Comparator: False acupuncture, false acupoint or routine nursing.

Study designs to be included: RCT.

Eligibility criteria: Postoperative pain is the pain after surgery, is a kind of acute pain, mainly caused by the acute trauma (incision) and/or internal organ damage caused by the operation itself and stimulation and drainage stimulation, the general peak is 24 ~ 48 hours after surgery.Postoperative pain results from surgical trauma.

Information sources: PubMed, Web Of Science, Cochrane Library and Embase databases.

Main outcome(s): Pain, Dosage of analgesic drugs.

Quality assessment / Risk of bias analysis: Two researchers assessed the quality of the included studies according to the Cochrane Manual, and any disagreements were resolved through discussion with the third author. The included literature was evaluated according to quality assessment criteria for random sequence generation, assignment concealment, blinding methods, incomplete outcome data, and selective reporting.Cochrane

Strategy of data synthesis: We used RevMan 5.4 software for data analysis .When I250% and there was significant heterogeneity between studies, the random effects model was used to combine the effect sizes.

Subgroup analysis: Planned subgroup analysis of treatment effect was performed according to different measurement periods, different countries (China, other countries), different treatment timing (preoperative, postoperative, perioperative), different interventions, and different pain scales (VAS, NRS, WFS).

Sensitivity analysis: The sensitivity analysis was carried out by stata software, and the sensitivity of the article was determined by the change of the effect size after the deletion of one article.

Country(ies) involved: China.

Keywords: acupuncture therapy、postoperation pain、curative effect.

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