Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Zuo 2012 ☆ 1
1.2. Special Acupuncture Techniques 1
1.2.1. Electroacupuncture 1
1.2.1.1. Zhang 2024 1
2. Clinical Practice Guidelines 2
2.1. European Association of Urology 2026 ⊕ 2
2.2. Brazilian Academy of Neurology 2022 Ø 2

urinary retention after stroke

Rétention urinaire post-AVC : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zuo 2012 ☆

Zuo Xiao-Hong, Fu Li-Xin, Shen Xin. [Systematic evaluation of acupuncture for treatment of urinary retention after stroke]. Journal of Clinical Acupuncture and Moxibustion 2012;28 (11):51. [175435].

Objective	To evaluate the therapeutic effect of acupuncture for treatment of Urinary retention after stroke.
Methods	According to the requirements of evidence - based medicine, we retrieved the relative medical database in china , and clinically randomized controlled trials (RCTs) and quasi - RCTs were used as enrolled criteria, and the treatment group was treated with the main therapy of acupuncture , and the control group with the main therapy of conventional treatment of urinary retention in Western Medicine. The curative rate of urinary retention after stroke was used as evaluation index. Dates were extracted and Methodological quality evaluated by two reviewers independently. There were **8 Literatures (684 cases)** enrolled in the last , which were conducted for Meta analysis by ReMan4.2.10.
Results	The total OR was 3.06 with 95% CI [2.19,4.27] of the curative rate in the 8 studies , the curative effect in the acupuncture group was superior to the conventional treatment group ($p < 0.05$) . Funnel plot was used to analyze the possible existence of publication bias , and the Funnel plot was asymmetric which showed the possible existence of publication bias existed.
Conclusion	**Acupuncture is better than the conventional treatment in the treatment of urinary retention after stroke.** There are defects in quality and quantities of trials , so further studies are necessary to perform in order to get more efficient evidence.

1.2. Special Acupuncture Techniques

1.2.1. Electroacupuncture

1.2.1.1. Zhang 2024

Zhang W, Song S, Zhang T, Ju X, Shu S, Zhou S. Electroacupuncture for urinary retention after stroke: A systematic review and meta-analysis of randomized controlled trials. Complement Ther Clin Pract. 2024 Nov;57:101877. https://doi.org/10.1016/j.ctcp.2024.101877

Background and purpose	Electroacupuncture (EA) is one of the non-pharmacological therapies in traditional Chinese medicine to treat urinary retention. The objective of this meta-analysis is to assess the efficacy of electroacupuncture in the treatment of urinary retention after stroke.
Methods	Overall, seven electronic databases were searched until December 31, 2023, and randomized control trials about EA for urinary retention after stroke were reviewed. Two reviewers independently screened the literature, extracted the data, and assessed the risk of bias for included studies. The meta-analysis was conducted by RevMan 5.4 and Stata/MP 17.0 software.
Results	**Eleven studies with a total of 856 participants** were included in this meta-analysis. EA treatment yielded an improved reduction in the post-void residual (PVR) (mean difference [MD]: 37.85, 95 % confidence interval [CI]: 55.09 to -20.61 $p < 0.0001$) and the weight of diaper pads (MD: 38.87, 95 % CI: 42.68 to -335.06). Further analysis indicated that EA improved the effectiveness ratio (risk ratio [RR]: 1.36, 95 % CI: 1.20 to 1.53, $p < 0.00001$), the function of the bladder (MD: 0.45, 95 % CI: 0.61 to -0.30), and the quality of life (MD: 1.15, 95 %: CI: 2.10 to -0.20) in comparison to normal treatment and simple acupuncture.
Conclusion	EA may be an effective way and reasonable modality to incorporate into the multiple prevention and therapy for urinary retention after stroke. The wide application of EA could be associated with the improvement of bladder and life quality and decline in the PVR for patients after stroke with urinary retention.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. European Association of Urology 2026 ⊕

Blok B, Hamid R, Hentzen C, Karsenty G, Kessler TM, Musco S, et al. EAU guidelines on neuro-urology. Arnhem: European Association of Urology; 2026. https://uroweb.org/guidelines/neuro-urology

Electroacupuncture: In SCI and stroke patients, electroacupuncture might improve LUT function [218-220].

Supporting evidence:

- 218. Yi, M., et al. Clinical Efficacy of Electroacupuncture at Sacral Four Points Combined with Moxibustion at Abdominal Three Points for Treating Post-Stroke Urinary Incontinence: Observations on Urodynamics, Quality of Life, and Safety. Arch Esp Urol, 2024. 77: 732. https://www.ncbi.nlm.nih.gov/pubmed/39238296
- 219. Lu, J., et al. Urodynamic analysis of the effect of electroacupuncture at different acupoints on the bladder after spinal cord injury. Neurourol Urodyn, 2024. 43: 2065. https://www.ncbi.nlm.nih.gov/pubmed/38953180
- 220. Zhang, W., et al. Electroacupuncture for urinary retention after stroke: A systematic review and metaanalysis of randomized controlled trials. Complement Ther Clin Pract, 2024. 57: 101877. https://www.ncbi.nlm.nih.gov/pubmed/38996656

2.2. Brazilian Academy of Neurology 2022 Ø

Minelli C, Bazan R, Pedatella MTA, Neves LO, Cacho RO, Magalhães SCSA, Luvizutto GJ, Moro CHC,

Lange MC, Modolo GP, Lopes BC, Pinheiro EL, Souza JT, Rodrigues GR, Fabio SRC, Prado GFD, Carlos K, Teixeira JJM, Barreira CMA, Castro RS, Quinan TDL, Damasceno E, Almeida KJ, Pontes-Neto OM, Dalio MTRP, Camilo MR, Tosin MHS, Oliveira BC, Oliveira BGRB, Carvalho JJF, Martins SCO. Brazilian Academy of Neurology practice guidelines for stroke rehabilitation: part I. Arq Neuropsiquiatr. 2022 Jun;80(6):634-652. https://pubmed.ncbi.nlm.nih.gov/35946713.

Neurogenic lower urinary tract dysfunction and fecal incontinence: For post-stroke NLUTD, behavioral interventions, specialized professional care, complementary therapies such as **acupuncture (electroacupuncture and moxibustion)**, transcutaneous electrical stimulation, physical therapy techniques, pharmacotherapy, and a combination of interventions have uncertain benefits. (Recommendation IIb-B)

From:
https://wiki-mtc.org/ - **Encyclopédie des sciences médicales chinoises**

Permanent link:
https://wiki-mtc.org/doku.php?id=acupuncture:evaluation:neuro-psychiatrie:07.%20retention%20urinaire%20post-avc

Last update: **17 Jul 2026 18:01**