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Postoperative Urinary Retention

Rétention urinaire post-opératoire : évaluation de l'acupuncture

Articles connexes : - Urinary Retention -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Xu 2025 (cervical cancer)

Xu H, He Y, Miao F, Fan Y, Zhang F, Wang Z, Wu Y. Acupuncture treatment of postoperative urinary retention in cervical cancer: Systematic evaluation and meta-analysis. Medicine (Baltimore). 2025 Feb 21;104(8):e41520. https://doi.org/10.1097/MD.0000000000041520

Backgound	To evaluate the efficacy of acupuncture treatment of postoperative urinary retention after cervical cancer using meta-analysis.
Methods	Computer searches were performed on 8 common Chinese and English databases such as PubMed, EMbase, Web of Science, China National Knowledge Infrastructure, Wanfang (Wanfang Data Knowledge Service Platform), VIP (China Science and Technology Journal Database), China Biomedical Literature Database and Cochrane Library, as well as Clinical Trials for the treatment of urinary retention after cervical cancer with acupuncture. A randomized controlled trial of postoperative urinary retention after cervical cancer from the time of library construction to 01/2024. The quality of the included literature was evaluated using the Cochrane Risk of Bias Assessment Tool. Meta-analysis and risk of bias analyses were performed using RevMan 5.4, regression and sensitivity analyses were performed using Stata 17.0.
Results	A total of **31 randomized controlled trials with 2179 patients** were included in the study. Interventions included filiform needling, embedding needle, electroacupuncture, moxibustion, warm acupuncture, etc. The results showed that acupuncture treatment increased clinical efficiency [relative risk = 1.32, 95% confidence intervals [CI] (1.20, 1.45), P < .00001], reduced residual urine volume [standardized mean difference = -3.21, 95% CI (-4.00, -0.40), P < .00001], and shortened the time to return to spontaneous urination [MD = -1.96, 95% CI (-3.02, -0.91), P = .0003] and indwelling catheter time [mean difference (MD) = -3.76, 95% CI (-5.66, -1.86), P = .0001], and improved maximum urine flow rate [MD = 4.57, 95% CI (0.70, 8.44), P = .02] and bladder compliance [MD = 10.04, 95% CI (8.14, 11.93), P < .00001].
Conclusion	Acupuncture treatment promotes recovery in patients with postoperative urinary retention after cervical cancer, but high-quality studies need to be included to further compare different acupuncture interventions.

1.1.2. Guo 2024 (radical hysterectomy for cervical cancer)

Guo Y, Pan H, Chen S, Tian M, Huang Y, Zhou Y. Effectiveness of acupuncture on urinary retention

after radical hysterectomy for cervical cancer in China: a systematic review and meta-analysis. Front Med (Lausanne). 2024 Jun 6;11:1375963. https://doi.org/10.3389/fmed.2024.1375963

Backgound	Cervical cancer is one of the most common malignant tumors worldwide. Radical hysterectomy is the first choice for patients with early-stage cervical cancer. Studies have suggested that acupuncture may be a more effective therapy for the prevention and treatment of urinary retention after radical hysterectomy.
Objective	To systematically evaluate the clinical efficacy of acupuncture in the prevention and treatment of urinary retention after radical hysterectomy.
Methods	We searched the Cochrane library, Web of science, PubMed, Embase, Chinese Biomedical Literature Database, Wanfang database, Wipu database, China National Knowledge Infrastructure Database and ClinicalTrials.gov with the time from inception until December 2023, to collect randomized controlled studies on the clinical efficacy of acupuncture for prevention and treatment of urinary retention after radical hysterectomy. Literature meeting criteria was screened for data extraction. Quality evaluation was performed according to the Cochrane Handbook for Systematic Reviews of Interventions. And meta-analysis was performed using RevMan5.3 and stata14.0 software.
Results	**22 Randomized controlled trials with 1,563 patients**, 854 in treatment group and 709 in control group, were included totally. Meta-analysis results showed that: the total effective rate in acupuncture group was higher than that in control group, with a statistically significant difference [relative risk (RR)] = 1.43, 95% confidence interval (CI 1.22, 1.68), $p < 0.0001$; the rate of urinary tract infection in acupuncture group was lower than that in control group, with a statistically significant difference [RR] = 0.23, 95% CI (0.07, 0.78), $p < 0.05$; the time of indwelling urinary catheter was reduced in acupuncture group compared with control group, with a statistically significant mean difference = -3.45, 95% CI (-4.30, -2.59), $p < 0.00001$; the incidence of urinary retention was lower in acupuncture group than in control group, and the difference was statistically significant [RR = 0.37, 95% CI (0.27, 0.50), $p < 0.00001$]; the residual urine volume was reduced in acupuncture group compared with control group, with a statistically significant mean difference = -50.73, 95% CI (-63.61, -7.85), $p < 0.00001$.
Conclusion	Acupuncture treatment based on conventional therapy can better prevent and improve urinary retention after radical hysterectomy for cervical cancer, could be a better option for them.

1.1.3. Liu 2023 (Hemorrhoidectomy and Anorectal Surgeries)

Liu CF, Chien LW. Moxibustion for Managing Postoperative Urinary Retention After Hemorrhoidectomy and Anorectal Surgeries: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. J Perianesth Nurs. 2023 Dec;38(6):881-891. https://doi.org/10.1016/j.jopan.2023.01.020

Purpose	Common surgical procedures for conditions affecting the anus and rectum such as hemorrhoidectomy are associated with high risks of postoperative urinary retention (POUR). Little is known about the efficacy of moxibustion in managing POUR after such surgical procedures. This systematic review and meta-analysis aimed to review the related literature and synthesize data on the effectiveness of moxibustion in managing POUR after common anorectal surgeries.
Design	A systematic review and meta-analysis of randomized controlled trials (RCTs).

Methods	PubMed, EMBASE, CENTRAL, Chinese National Knowledge Infrastructure (CNKI), VIP information, and Wanfang databases were searched to October 1, 2021 using the keywords urinary retention, moxibustion, and moxa. Randomized controlled trials (RCTs) investigating patients who had developed POUR after hemorrhoidectomy or other anorectal surgeries were eligible for inclusion. Patients receiving moxibustion formed the intervention group and the control group received usual care alone. Primary outcomes were markedly effective rate, defined as spontaneous voiding with complete symptom relief within 30 to 60 minutes after treatment; and total effective rate (ie, markedly effective rate plus effective rate, defined as spontaneous voiding with partial relief of symptoms within 60 minutes to 4 hours after treatment). Secondary outcome was time to first urination after treatment.
Findings	**Thirty-four RCTs** met the eligibility criteria. Pooled analysis revealed that the markedly effective rate was significantly higher in the moxibustion group than that in the control group (pooled RR = 2.53, 95% CI = 2.17-2.95), and the total effective rate in the moxibustion group was also higher than that in the control group (pooled RR = 5.02, 95% CI = 4.01-6.28). The intervention group had significantly shorter times to first urination than controls (pooled effect = -2.81, 95% CI = -2.06 to -3.56).
Conclusions	Moxibustion appears superior to usual care in relieving POUR after common anorectal surgeries. Future studies are still warranted to confirm these findings.

1.1.4. Tan 2023 (cervical cancer)

Tan J, Gong R, Zhang Q, Zheng Y, Ma L, Shi S. Meta-analysis of clinical efficacy of electroacupuncture versus conventional treatment for postoperative urinary retention in cervical cancer. Medicine (Baltimore). 2023 Oct 27;102(43):e35580. https://doi.org/10.1097/MD.0000000000035580

Background	To conduct a meta-analysis on the clinical efficacy of electroacupuncture in the treatment of postoperative urinary retention in cervical cancer, and to provide a theoretical basis for the promotion of electroacupuncture in the treatment of this disease.
Methods	Computer searches of the Cochrane library, Web of science, PubMed, Embase, Chinese Biomedical Literature Database, Wanfang database, Wipu database, and China National Knowledge Infrastructure Database database were conducted to find randomized controlled trials on electroacupuncture for postoperative urinary retention recovery in cervical cancer, all from the time of database creation to October 2022. Two evaluators independently evaluated the quality of the included literature and extracted the data. Data were combined and analyzed using RevMan 5.4.
Results	A total of 21 Randomized controlled trials with 1532 patients, 789 in the treatment group and 743 in the control group, were included. One descriptive analysis was performed and 20 Meta-analyses were performed. Meta-analysis results showed that: The electroacupuncture group was more effective than the control group in promoting recovery from urinary retention after cervical cancer, with a statistically significant difference [relative risk (RR)] = 1.32, 95% confidence interval (CI 1.26, 1.39), P < .00001; The duration of indwelling catheterization was reduced in the electroacupuncture group compared with the control group, with a statistically significant standard mean difference = -1.43, 95% CI (-1.62, -1.24), P < .00001; The healing rate in the electroacupuncture group was higher than that in the control group, with a statistically significant difference [RR] = 1.92, 95% CI (1.59, 2.30), P < .00001; The rate of urinary tract infection in the electroacupuncture group was lower than that in the control group, with a statistically significant difference [RR] = 0.22, 95% CI (0.10, 0.45), P < .00001. The incidence of urinary retention was lower in the electroacupuncture group than in the control group, and the difference was statistically significant [RR = 0.26, 95% CI (0.18, 0.39), P < .01].

Conclusion	Electroacupuncture can promote the recovery of urinary retention after cervical cancer surgery, and can improve the healing rate of patients after surgery, reduce the occurrence of urinary tract infection and shorten the duration of indwelling catheterization.

1.1.5. Sirisreetreerux 2021

Sirisreetreerux P, Wattanayingcharoenchai R, Rattanasiri S, Pattanaprateep O, Numthavaj P, Thakkinstian A. Medical and non-medical interventions for post-operative urinary retention prevention: network meta-analysis and risk-benefit analysis. Ther Adv Urol. 2021. [220124]. doi

Aims	To assess the efficacy in lowering post-operative urinary retention, urinary tract infection and lower urinary tract symptoms and the incidence of adverse events among 12 interventions and to perform risk-benefit analysis.
Methods	Previous randomized controlled trials were identified from MEDLINE, Scopus and CENTRAL database up to January 2020. The interventions of interest included early ambulation, fluid adjustment, neuromodulation, acupuncture, cholinergic drugs, benzodiazepine, antispasmodic agents, opioid antagonist agents, alpha-adrenergic antagonists, non-steroidal anti-inflammatory drugs (NSAIDs) and combination of any interventions. The comparators were placebo or standard care or any of these interventions. Network meta-analysis was performed. The probability of being the best intervention was estimated and ranked using rankogram and surface under the cumulative ranking curve. Risk-benefit analysis was done. Incremental risk-benefit ratio (IRBR) was calculated and risk-benefit acceptability curve was constructed.
Results	A total of 45 randomized controlled trials with 5387 patients was included in the study. Network meta-analysis showed that early ambulation, acupuncture, alpha-blockers and NSAIDs significantly reduced the post-operative urinary retention. Regarding urinary tract infection and lower urinary tract symptoms, no statistical significance was found among interventions. Regarding the side effects, only alpha-adrenergic antagonists significantly increased the adverse events compared with acupuncture and opioid antagonist agents from the indirect comparison. According to the cluster ranking plot, acupuncture and early ambulation were considered high efficacy with low adverse events, corresponding to the IRBR.
Conclusion	Early ambulation, **acupuncture**, opioid antagonist agents, alpha-adrenergic antagonists and NSAIDs significantly reduce the incidence of post-operative urinary retention with no difference in adverse events. Regarding the risk-benefit analysis of the medical treatment, alpha-adrenergic antagonists have the highest probability of net benefit at the acceptable threshold of side effect of 15%, followed by opioid antagonist agents, NSAIDs and cholinergic drugs.

1.1.6. Zhao 2021 (Hysterectomy)

Zhao Q, Yan C, Dan M, Jia H. Efficacy and safety of acupuncture for urinary retention after hysterectomy: A systematic review and meta-analysis. . Medicine (Baltimore). 2021;100(22). [217814]. doi

Objective	The aim of this study was to evaluate the efficacy and safety of acupuncture in the treatment of urinary retention after hysterectomy in women.

Methods	This research searched for 6 database documents, and the deadline is July 23, 2020. This study included a randomized controlled trial of women with urinary retention after hysterectomy. These randomized controlled trials compare acupuncture with bladder function training or other nonacupuncture treatments, and measure urodynamics, effectiveness (BR), and urinary tract infection rates (UIR). Four independent reviewers participated in data extraction and evaluation. Assess the risk of bias in each article, and conduct a meta-analysis according to the type of acupuncture. The result is expressed as a mean difference (MD) or relative risk (RR) with a 95% confidence interval (CI).
Results	The meta-analysis contains 12 studies. Most studies indicate low risk or unknown risk, but the GRADE scores of the combined results show low or moderate levels. After the combined analysis, we found that acupuncture versus bladder function exercise and other nonacupuncture therapies can significantly improve the values of post voided residual urine (PVR) (MD = -25.29; 95% CI [-30.45 to -20.73]), maximal cystometric capacity (MD = 39.54; 95% CI [10.30-68.78]), bladder capacity for first voiding desire (MD = -61.98; 95% CI [-90.69 to -33.26]) and maximal flow rate (MFR) (MD = 7.58; 95% CI [5.19-9.97]). And compared with the control group, acupuncture still has advantages in BR (RR = 1.36; 95% CI [1.18-1.56]) and UIR (RR = 0.22; 95% CI [0.08-0.82]). These heterogeneities have been resolved through subgroup analysis, and their main sources are related to different intervention times, the time to start the intervention, and different PVR requirements.
Conclusions	There is insufficient evidence that acupuncture can increase the patient's MFR, BR, and UIR. However, acupuncture can effectively improve the PVR, maximal cystometric capacity, and bladder capacity for first voiding desire values of patients with urinary retention after hysterectomy. Although limited due to the quality and methodological limitations of the included studies, acupuncture can still be used as an effective and safe treatment for women with urinary retention

1.1.7. Wang 2015 ☆

Wang Zhao-Hui, Xu Na, Long Tian-Lei, Wang Fu-Chun. [Acupuncture for treatment of urinary retention postoperative: a systematic review and meta-analysis]. Lishizhen Medicine and Materia Medica Research. 2015;11:2815-281. [187044].

Objective	To provide a reliable evidence for clinical practice, a systematic review and meta-analysis was performed to evaluate the efficacy and safety of acupuncture therapy for urinary retention postoperative.
Methods	Literature was extracted from Pubmed, Embase, Chinese Journal Full- text Database (CNKI), Wan Fang database, VIP full- text periodical database, we included the randomized controlled trials (randomized controlled trials, RCT) of acupuncture for treatment of urinary retention postoperative. By Cochrane collaboration’s toll for assessing of bias to evaluate the quality of the included studies. The data were analyzed by Revman 5. 2 software provided by Cochrane network.
Results	A total of **14 papers (1058 patients)** were included in the Meta-analysis. The results of the study showed that: the merger effect quality odds ratios (OR) = 3. 49, and 95% confidence interval (CI) : 2. 40, 5. 07, and the merger effect value test Z = 6. 54, P < 0. 00001. Funnel chart shows that the results were roughly symmetry. Statistical difference indicates the therapeutic effect of acupuncture was better than the non- acupuncture.
Conclusion	The Meta-analysis results was a trend in favor of acupuncture effectiveness. However, due to low quality of included studies and there are no studies reporting adverse events, further well- designed RCTs with high quality are still needed to evaluate the beneficial effects of acupotomy.

1.2. Special Acupuncture Techniques

1.2.1. Tan 2016 (moxibustion) ☆

Tan Zhan-Na, Zhu Xue-Liang, Li Bo-Ying, Wang Jian-Ling, Sun Yan-Hui, Xiao-Feng, et al. Meta-analysis of effectiveness of moxibustion in treatment of postoperative urinary retention. World Journal of Acupuncture-Moxibustion. 2016;26(1):64. [189308].

Objective	To provide objective basis for clinical decision through efficacy evaluation of randomized controlled trial on moxibustion in treatment of urinary retention.
Methods	Chinese National knowledge Infrastructure (CNKI), China Biology Medicine disc (CBM), VIP, Wanfang Data, and Sciencedirect were retrieved. The objects screened were from January 1, 1990 to June 30, 2013. Irrelevant, repeated and non-randomized controlled trials were excluded, and randomized controlled trials on moxibustion in treatment of urinary retention conforming to the inclusive criteria were selected. The quality of randomized controlled trials conforming to the inclusive criteria was evaluated using Jadad Scale, and the trials were analyzed statistically via RevMan5.2 software. The randomized controlled trials on moxibustion in treatment of urinary retention were evaluated systematically through Cochrane systematic review.
Results	Nineteen references with better homogeneity were included into the study. Based on Meta-analysis result, the consolidated effect size OR=6.95, 95%C/(5.12, 9.44), consolidated effect size test Z=12.43, P<0.000 01, and the difference was statistically significant, indicating that the moxibustion group might be superior to control group, and the efficacy of moxibustion in treatment of urinary retention was better. It was shown from funnel plot that the subjects distributed symmetrically, indicating small bias of study.
Conclusion	Moxibustion in treatment of urinary retention has a certain efficacy but there are some small sample size and low-quality literature in the study, big sample size and high-quality and formal randomized controlled trials are needed to study in the futher.

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