The Osher Center for integrative medicine

UCSF

AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Acupuncture and Massage Improve Patient Satisfaction in Post-Operative Cancer Patients

Feasibility Data from a Randomized Controlled Pilot Study

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OBJECTIVE

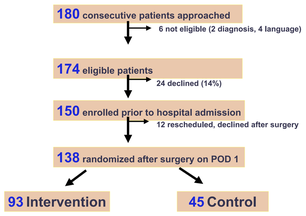
to assess the acceptance and feasibility of a **peri-operative inpatient integrative medicine service (PIMS)** comprised of free acupuncture and massage, that has been offered to hospitalized cancer surgery patients in an academic medical center.

BACKGROUND

- ***Prior studies of acupuncture*** support its use for post-operative pain, vomiting, and anxiety; but none done on post-operative cancer patients.
- ***Prior uncontrolled studies of massage*** support its use for symptom management (pain, anxiety) in cancer patients; but uncontrolled and not post-operative.
- ***No studies of combined acupuncture and massage*** for symptom management following cancer surgery.

METHODS

Randomized controlled trial

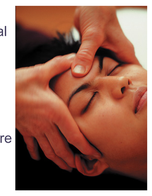


Recruitment: during pre-operative Prepare Clinic visit
Site: UCSF Mount Zion Hospital
Randomization: 2:1 after baseline assessment POD1

Subjects: Adult inpatients hospitalized for at least 3 days for cancer surgeries
- breast cancer surgery: mastectomy or reconstructive surgery;
- abdominal surgery for intestinal or hepatic malignancies;
- pelvic surgery for ovarian, uterine, or cervical malignancies;
- urological surgery for testicular, prostate, bladder, or renal malignancies;
- head and neck cancer surgery

Intervention and Control:
- massage and acupuncture on POD 1 + 2
- usual care alone
- patients followed over 3 post-operative days

Outcome measures:
- acceptance rate for consenting to a trial of massage and acupuncture in the peri-operative setting
- patient burden from study intervention and questionnaires
- Press-Ganey patient satisfaction
- Patient satisfaction items specific to availability of massage and acupuncture



Analyses:
- Intention-to-treat
- *t*-tests

RESULTS

Table 1: Baseline Characteristics

Type of Cancer/Surgery	Intervent. n=93	Control n=45	*P*
Abdom./pelvic	23 (25%)	7 (16%)	0.23
prostate/testic.	16 (18%)	14 (31%)	
bladder/kidney	19 (21%)	11 (24%)	
breast	18 (20%)	7 (16%)	
epidural	31%	25%	0.61
Hours anesthesia	5.4 ±1.7	4.5 ±2.2	0.22
Hours procedure	3.8 ± 1.8	4.1 ±2.4	0.47

Efficacy data on separate poster

Acceptance:
150 of 174 consecutively approached eligible patients = **86%**
Reasons to decline: "not interested in massage", "never had a massage in my life and do not want to start now"

Recruitment: during 4 months.

Feasibility of Timely Intervention in Post-Operative Setting
87 (94%) received ≥ 1 massage
70 (75%) received 2 massages
58 (62%) received ≥ 1 session of acupuncture
33 (36%) received 2 sessions of acupuncture
4 (4%) did not receive any intervention

Patient Burden (SD):

	Intervention	Control	*P*
Mean perceived study burden*	1.05 (±0.26)	1.09 (±0.29)	0.35

*Scale range from 1-5

Patient Satisfaction (SD):

	Intervention	Control	*P*
Press Ganey (SD)	4.80 (±.59)	4.77 (±.65)	0.81

(likelihood of overall recommending the hospital irrespective of PIMS)

"To what extent does the availability of massage and/or acupuncture influence the rating of care that you received at the hospital?"*	3.9 (±1.4)	2.5 (±1.7)	<0.0001
"To what extent does the availability of massage and/or acupuncture influence the likelihood of your recommending this hospital to others?"*	4.0 (±1.4)	2.4 (±1.7)	<0.0001
"To what extent would the availability of massage and/or acupuncture influence your decision in which hospital you would prefer to receive surgery?"*	3.3 (±1.6)	1.9 (±1.6)	<0.0001

*Scale range from 1-5

SUMMARY / CONCLUSIONS

This pilot trial of post-operative acupuncture and massage had a high acceptance rate in hospitalized cancer patients. Compared with usual care alone, the combination of acupuncture and massage was not perceived as increasing patient burden and was associated with improved patient satisfaction. These findings support the feasibility of conducting clinical research of acupuncture and massage on hospitalized cancer patients.

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