Assessing the Impact of Acupuncture on Pain, Nausea, Anxiety, and Coping in Women Undergoing a Mastectomy

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Purpose/Objectives: To compare the effect of acupuncture to a standard-of-care (control) group on pain, nausea, anxiety, and ability to cope.

Design: Pilot randomized, controlled trial.

Setting: Abbott Northwestern Hospital, a large, urban, tertiary care hospital in Minneapolis, Minnesota.

Sample: 30 adult women undergoing surgery for breast cancer.

Methods: Women were randomly assigned to two hospital-based acupuncture treatments versus usual care after breast cancer surgery. Pain, nausea, anxiety, and the patient’s ability to cope pre- and post-treatment were compared within and between groups at two different time points postoperatively.

Main Research Variables: Mean change in pain, nausea, anxiety, and ability to cope by treatment group.

Findings: Compared to women assigned to the control group, women who received acupuncture reported a statistically significant greater reduction in pain, nausea, anxiety, and increase in ability to cope on the first postoperative day and in pain on the second postoperative day following mastectomy surgery.

Conclusions: Acupuncture delivered postoperatively in the hospital after mastectomy can reduce the severity of symptoms experienced, as well as increase the patient’s ability to cope with her symptoms. However, before implementation as a standard of care, further research needs to be conducted.

Implications for Nursing: Acupuncture adds a nonpharmacologic intervention for symptom management in women undergoing mastectomies for breast cancer.

Breast cancer will develop in about one in eight U.S. women during their lifetimes, and surgical intervention is an important component of care for patients with breast cancer (American Cancer Society, 2016; National Comprehensive Cancer Network, 2015). Patients undergoing breast cancer surgery may experience complications and distressing symptoms, including pain, nausea, and vomiting, that affect quality of life. Pain can lead to increased length of stay, increased readmissions, and decreased quality of life (Hutchison, 2007; Potter, Thomson, Greenwood, Hopwood, & Winters, 2009; Ware, Bruckenthal, Davis, & O’Conner-Von, 2011). Challenges still exist in relieving pain in the postoperative period (Hutchison, 2007; Ware et al., 2011). In a study by Fecho et al. (2009), 58% of women undergoing mastectomies experienced severe postoperative pain immediately after surgery, and 22% of those same patients experienced severe pain at one month. Postoperative nausea and vomiting (PONV) occurs in about 75 million patients annually (Collins, 2011).

In a survey to identify research priorities, Oncology Nursing Society members were asked to report the top three symptoms that were most distressing.