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Preoperative Pain

Douleur préopératoire

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

2. Best evidence

2.1. Tu 2026 Hip (Fracture)

Tu Z, Ouyang Y, Zhang Y, Qi S, Yang F, Zhu W. Best Evidence Summary for Preoperative Pain Management in Elderly Patients with Hip Fracture. Clin Interv Aging. 2026;21:628229. https://doi.org/10.2147/CIA.S628229

Background	Preoperative pain is a major clinical problem in older adults with hip fracture, but evidence-based guidance specifically addressing the preoperative period has not been comprehensively synthesized. This evidence summary aimed to identify, appraise, and synthesize the best available evidence for preoperative pain management in this population.
Methods	Following JBI evidence-summary methodology and PRISMA 2020 reporting principles, PubMed, Embase, CINAHL, Cochrane Library, CNKI, SinoMed, and Wanfang Data were searched from inception to September 29, 2026, together with guideline and clinical decision-support sources including NICE, AAOS, APTA, ESTES, ANZHFR, COA, JOA, KHS, UpToDate, and BMJ Best Practice. Two reviewers independently screened the literature and assessed methodological quality using AGREE II, AMSTAR 2, and JBI appraisal tools. Evidence was graded using the JBI pre-classification system.
Results	Eighteen documents were included: four evidence summaries, four guidelines, one expert consensus, eight systematic reviews, and one clinical decision-support resource. Evidence was organized into seven thematic categories: team training, assessment, intervention principles, pharmacological interventions, non-pharmacological interventions, selected complementary approaches, and health education. Thirty best-evidence items were identified.
Conclusions	The synthesized evidence supports cognitive-specific pain assessment, timely multimodal analgesia, regional analgesia where feasible, and selected non-pharmacological approaches for preoperative pain management in older adults with hip fracture. Recommendations concerning regional analgesia and selected complementary approaches are applicable only where appropriately trained personnel, monitoring capacity, and local expertise are available.
Acupuncture	28. Acupuncture and acupressure may be considered as complementary therapies.

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