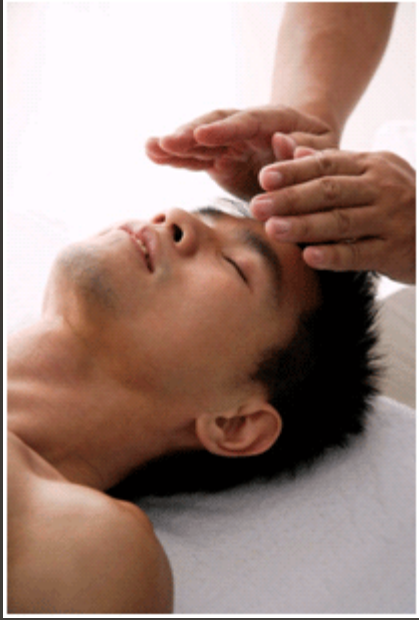


Jeremy Jones PA-S

Efficacy of Reiki on Post-Surgical Pain

What is Reiki?

- Reiki is a technique for stress reduction that also promotes healing. During a session, the patient remains clothed and the practitioner's hands are placed near or lightly touching various parts of the body, including areas around the head, shoulders, stomach, legs, and feet. Most patients report feelings of relaxation, and patients often fall asleep during a session. Sessions can last from ten minutes to more than an hour, depending upon available time.



Video had to be deleted in order to meet the
200mb max upload. I would be happy to bring it by
on a thumbdrive if necessary!

What is it typically used for?

- CAM: Complimentary and Alternative Medicine
 - Used alongside conventional Western medicine
 - Anxiety
 - **Massage and Reiki used to reduce stress and anxiety: Randomized Clinical Trial.**
 - Kurebayashi LF, Turrini RN, Souza TP, Takiguchi RS, Kuba G, Nagumo MT
 - Fatigue
 - **Effects of distant reiki on pain, anxiety and fatigue in oncology patients in turkey: A pilot study.**
 - Demir M, Can G, Kelam A, Aydiner A
 - Depression
 - **Systematic Review: Reiki for depression and anxiety.**
 - Joyce J, Herbison GP
- Chemotherapy Side-Effects
 - **Reiki for cancer patients undergoing chemotherapy in a brazilian hospital: A pilot study.**
 - Siegel P, da Motta PM, da Silva LG, Stephan C, Lima CS, de Barros NF
 - **Effect of Reiki on symptom management in oncology.**
 - Demir M, Can G, Celek E

Side Effects?

- Minimal, when used as it was meant to.
 - Not meant to be used as an alternative to conventional medicine
 - Do not postpone care



PICOT

- In patients undergoing invasive surgical procedures, how beneficial is Reiki attunement in regards to immediate post-op pain control in comparison to those who don't undergo the attunement?

Methods

- PubMed, CINAHL, Embase, Cochrane Library, Google Scholar, Web of Science
- Inclusion Criteria: Reiki alone, English language, peer-reviewed, primary outcome assessing the effectiveness of Reiki on postoperative pain
 - 47 Studies identified initially
- Cochrane Risk of Bias Tool 2.0

Effects of Reiki on Post-cesarean Delivery Pain, Anxiety, and Hemodynamic Parameters: A Randomized, Controlled Clinical Trial

■ ■ ■ *Tulay Sagkal Midilli, RN, PhD,*
and Ismet Eser, RN, PhD[†]*

Reiki therapy for postoperative oral pain in pediatric patients: Pilot data from a double-blind, randomized clinical trial

Anjana Kundu ^a, Yuting Lin ^b, Assaf P. Oron ^d, Ardith Z. Doorenbos ^{b,c,*}

Reiki's effect on patients with total knee arthroplasty: A pilot study

By Barbara Byrne Notte, BSN, RN, HN-BC; Carol Fazzini, RN,C; and Ruth A. Mooney, PhD, MN, RN-BC

Effects of Reiki on Pain and Vital Signs When Applied to the Incision Area of the Body After Cesarean Section Surgery

A Single-Blinded, Randomized, Double-Controlled Study

■ *Tulay Sagkal Midilli, PhD, RN* ■ *Nazmiye Ciray Gunduzoglu, PhD, RN*

The Effect of Reiki on Pain and Anxiety in Women With Abdominal Hysterectomies

A Quasi-experimental Pilot Study

■ *Anne T. Vitale, MSN, APRN,BC* ■ *Priscilla C. O'Connor, PhD, APRN, BC*

Summary of Studies and Findings

Author	N	Design	Methods	Outcome Definitions	Results
Vitale, O'Conner 2006	22	Pilot Study	Reiki vs. Control in women undergoing abdominal hysterectomies. 72h, one 30min session/day	-Pain (10-point scale) -Anxiety	Statistically significant difference ($P < .05$) in pain at 24h, less Toradol and no Dilaudid use.
Kundu et al 2013	38	RCT	Reiki vs Sham-Reiki in pediatric post-op pain.	-Pain (FLACC scale) -Opioid requirements (morphine equivalents)	-No statistically significant difference was observed.
Midilli, Eser 2015	90	RCT	Reiki vs. Rest in women post-cesarean delivery.	-Pain using a visual analog scale -Analgesic use	-A reduction in pain intensity was observed between the first and second measurements ($p < .05$), and between the third and fourth measurements ($p < .05$) in the Reiki group, but there was no significant difference in the control group ($p < .05$).
Midilli, Gunduzoglu 2016	45	Pilot Study	Reiki vs. Sham-Reiki vs. Control in women post-cesarean delivery.	-Pain	-Reduction in pain of 76.06% was determined in the Reiki group patients between day 1 pre-treatment and after application on the 2 nd day. The Reiki group used fewer analgesics ($P < .05$).
Notte, Fazzini, Mooney 2016	43	RCT	Reiki vs. Control on patients with total knee arthroplasty.	-Pain -Analgesic Use	-Statistically significant decreases in pain intensity ratings were found between pre- and post-Reiki treatment $P = 0.031$

Unless otherwise noted, statistically significant when $P < 0.05$

Standardized Mean Difference

Study	Reiki vs Control	Reiki vs Sham
Midilli, Eser	1.9 (95% CI 1.4, 2.4)	N/A
Vitale, O'Conner	0.8 (95% CI 0.04, 1.7)	N/A
Midilli, Gunduzoglu	0.5 (95% CI 0.2, 0.9)	0.4 (95% CI 0.003, 0.7)

Cochrane RoB 2.0

Reference	Vitale, O'Conner	Kundu et al.	Midilli, Eser	Midilli, Gunduzoglu	Notte et al.
Risk-of-bias arising from the randomization process	Low	Low	Low	Some Concerns ^c	Low
Risk-of-bias due to deviations from intended interventions	Low / Low	Some Concerns ^b / Low	Low / Low	Low / Low	Some Concerns ^d / Some Concerns ^e
Risk-of-bias due to missing outcome data	Low	Low	Low	Low	Low
Risk-of-bias in measurement of the outcome	Some Concerns ^a	Some Concerns ^a	Some Concerns ^a	Some Concerns ^a	Some Concerns ^a
Risk-of-bias in Selection of the reported results	Low	Low	Low	Low	Low
Overall Risk-of-bias	Some Concerns	Some Concerns	Some Concerns	Some Concerns	Some Concerns

^a Due to participants being the assessors of the outcome

^b Due to practitioners not being blinded to group allocation

^c Due to "equalization" and allocation sequence

^d Due to lack of blinding of participants and practitioners

^e Due to music played during the Reiki therapy only

Summary

- Pros

- Ease of training
- Small time investment
- Many potential benefits
- Minimal side effects *When used appropriately

- Cons

- No formal regulation
 - No official certification/licensing
 - Individual Variation
- Limited insurance coverage

Conclusion and Moving Forward

- 4/5 of the pertinent RCT available found statistically significant differences in pain reported by patients following invasive surgical procedures
- Future studies
 - Control for bias with inclusion criteria and greater n
 - True randomization
 - Standardize treatment without variables (music, setting, providers)
 - Identify ideal frequency and duration
 - Standardized Reiki sessions

