Acupuncture accidents and management

Stuck needle.
After insertion, retention needle will not move! Local area grabs needle too tightly, difficult or impossible to manipulate or remove.

Reasons:
1. Can get stuck because pt is tense/nervous and can’t relax causing a spasm of local area. Can also be at insertion – strong stim with manual manip or electrostim causing muscle to move. That can be normal and pt might like the feeling.

This happens more often where there are more tendons like near a joint or near the eyebrow where the muscles are already tight.

What to do:
   a. **Ask pt to relax.**
      This is key for any of these actually. Want pt to relax whole body which will relax the stuck spot as well.
   b. Leave needle in place for a while.
   c. Massage or tap around the point.
   d. Insert another needle nearby.
      Not too far away so muscles closeby will start multi-tasking and release needle.

2. Rotating the needle w/large amplitude or in one direction only.
   What to do:
      a. Rotate in the opposite direction.
      You might not remember which direction you went originally…try a very small range of rotation one direction or another to see what works better.

      Always move the needle back and forth! Even with the flying technique you rotate the needle back then fly other direction.

3. Change of the position of the patient.
   Some patients don’t move during treatment at all because they are terrified to move, which will cause stuckness. Some patients are wiggly and gesticulate a lot with hands and this too will cause stuck needle – they’ve moved the muscle, grabbing the needle. Also, practitioner might also move the patient around and cause this.
   What to do:
      a. Resume the original position, remove the needle.
         Patients also fall asleep and move around.

For new patients: use fewer needles, use points without strong stimulation, manipulate very gently.
**Bent Needles**

Body of the needle is bent, direction of angle has changed, causing difficulty in lifting/thrusting, rotation, withdrawl of the needle. Also hurts!

**Cause:**
- Unskillful manipulation or too forceful manip causing the needle to strike hard tissue. Not following the needle might cause this. Too much force won’t go along the needle…your force is oblique to the needle. Will cause confused movement of the needle. Hold the needle like holding a tiger’s tail—tight enough keep hold, but not so tightly you irritate the tiger!

  Very important to follow the needle, have the intention to already go inside and follow the progress of the tip. Pretend it’s a stiff thread you don’t want to bend.

  Happens when area is in a tight area – you might already be against a tendon or bone.

- Sudden change of patient posture

- Collision of needle from external force

  Happens when prac bends over to needle another point and you lean against an existing insertion. Can even happen when you cover the patient up w/a blanket. You might lay it on gently, but if the patient moves around that might bend the needle.

- Improper mgmt of stuck needle!

**Broken Needle**

Fatigued needle is the most common reason. Very thin needles too. Often tends to happen at the handle where it meets the shaft.

1. Poor quality needle or eroded root of needle.
   a. Inspect the needle carefully before treatment
2. Too strong stim causing muscle spasm

**Hematoma**

After withdrawl you might see bleeding and bruising, maybe with local swelling and possible limited movement. If you see blood drops after you withdraw, immediately press on it to see if you can stop bleeding. If it’s mild, oh well. If it’s an artery, will be worse. Use a cold compress 1st 24 hours, then afterwards use warm compress or moxa to warm the area and start clearing the blood out. Can also use herbs to stop bleeding. Can massage to help blood reabsorb into body.

Prevention: happens due to bleeding of vessel. Also happens when circulation function if poor—blood thinners, hemophilia, older patients, spleen qi dysfunction. Don’t want to needle hemophiliacs, or those...
who take big doses of blood thinners. Aging and easily bruising patients: very mild stimulation. Think about Japanese acupuncture: very very shallow needling.

Again, be one with the needle to feel the sensation inside the point.

When you hit a blood vessel: tight sensation, then very empty. Definitely need to press when you feel this.

However you might also feel this in muscular areas too. If very tight, could be excess. Again, follow the needle. Do reducing.

Points by the spine are very tight too. There’s a tendon running between the bones. Necks are tight too. (GB 20 commonly used near mastoid processes for allergy treatments – angle here is very important due to the big arteries here – angle away from them.) When you hit a bone it feels like hitting a rock. Will cause muscle contractions here. And hurts!

**After effects/post needling sensations**

Can follow you for a few minutes or for a day or more. Mostly this is at the local area where the needle was. Relatively common if too tired after a treatment – low energy, poor sleep. Can also be because stim was too strong or because needles were retained too long.

Soreness after withdrawal: massage the area or do moxa to warm.

**Preventing injury to the Organs**

Lung.
LU 1 and 2, and ST 12 plus the thorax ST points and all others in intercostal spaces, front and back. GB 21 is a danger too, common to use to relax shoulders and descend the qi – perp needle here is .5 cun only. More common to oblique needle following the muscle to relax tight shoulders.
If you needle with proper depths, angles pneumothorax is avoided. (Qiu has never seen it in all her practice).

When a needle goes too deep here hits pleura first. Very soft feeling and you probably can’t feel it though the patient can. Deeper into lung tissue will be even softer. Pt feels nothing at first, then coughs, gets short of breath. This tears the hole bigger and bigger in the lung tissue. Most bad.

Withdraw needle, keep the patient in a stable position to keep the lungs from working too much. Reclining position might be best for breathing. Call 911.

Liver, Spleen, Stomach.
6th intercostal space = liver. Angle of sternum = stomach area as well as liver. Enlarged livers even more dangerous – below rib cage and lower rib cage. is a definite risk of injury. Stomach, Liver, GB channel
points here are a big risk. Needle method: angle outward transversely. Intercostal muscle is very thin
here. ST 19 can even hit the heart when enlarged. Patient will feel pain if the organs are puncturing. Will
cause bleeding internally – when you press then withdraw will hurt a lot. Again, needle with
recommended depth/angles.

Kidney.
Needling on back T11 – L3 areas = kidney. No deeper than 1-0.5 cun. Less with thinner ppl. Causes
pain and bloody urine.

Intestines and bladder.
If you needle slowly intestine might move over for you. If faster, no. Full bladder is a higher risk –
always ask pt to go pee before you needle. Ask them to wear shoes to go to the bathroom—fallen
needles. ST 27-30, Ren channel are in this area as well as others.

Occipital area
Arteries and brain stem as well as pt of spinal core here. Nerve tissues and nerve root of spinal cord.
Base of skull and off sides of this: don’t angle upward or inward. Strong tight sensation here. Use ½ cun
needles? If needle is more than 1 cun can go too deep: will hit hard sensation, then breakthru sensation.
Bad news, man.

Posterior midline
Nerves, arteries, spinal cord.
No deeper than 0.8 cun.

If you cause injury, call 911, get an ambulance.