

# Acupuncture for the Surgical Practice

*Closing Gaps in Post-Op Pain, Nerve Recovery & TMJ Care*

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# **Your TJR patient is 8 weeks post-op.**

The joint looks great on imaging. The hardware is solid. The occlusion is stable.

## **But they're still in pain.**

Myofascial tension in the masseter and temporalis that won't release. Nerve hypersensitivity along the trigeminal distribution. Scar tissue restricting range of motion. Anxiety and sleep disruption feeding central sensitization.

Two patients walked into my clinic in the last six months grinding through their mouthguards.

***What do you currently offer that patient?***

# The Evidence

**+4.18  
mm**

Improvement in  
max mouth opening

*Medicine, 2023 Meta-Analysis*

**86.7%**

Achieved 30%+ pain  
reduction at 4 weeks

*QJM, 2024 RCT*

**1,937**

TMD patients across  
35 clinical articles

*Oral Diseases, 2025 Network MA*

22 systematic reviews — 17 with meta-analyses — support acupuncture as adjuvant therapy for post-operative pain. Patients use significantly fewer opioids on Day 1.

# Post-Surgical Evidence



## Reduced Opioid Use

Acupuncture patients used significantly fewer opioid analgesics on Day 1 post-surgery compared to controls. Transcutaneous electric acupoint stimulation (TEAS) showed the strongest opioid-sparing effect.



## Pain Reduction

Conventional acupuncture and TEAS were associated with less post-operative pain on the first day following surgery. Multiple neurotransmitter pathways involved: endorphins, enkephalins, serotonin, GABA.



## Functional Recovery

Acupuncture improved maximum mouth opening, reduced joint clicking, restored jaw mobility, and improved masticatory function in TMD patients across multiple trials.

# A Different Map of the Same Territory

## Point-Focused Approach

Treats acupuncture points like addresses on a map. Each point has a known function. Select, needle, expect a specific effect.

*Common in modern TCM curricula.*

## Channel-Focused Approach

Treats the highways, not just the addresses. Channels are functional pathways connecting surface to depth, limbs to organs. Treatment follows the channel — where it runs, where it terminates, where it's blocked.

*Classical Chinese Medicine (CCM). This is how I was trained.*

*When you make an incision, you don't just cut a point. You cross a channel.*

# Channels of the Face & Jaw

*Six major channels traverse the exact anatomy you operate on daily*

**ST**

## Stomach

Masseter, mandible, lower gums, perioral region

*Direct pathway through the jaw. Your primary channel for TMJ work.*

**LI**

## Large Intestine

Lower teeth, upper lip, nasolabial fold, lateral nose

*Runs through tissue you reconstruct. Key for post-op facial pain.*

**SI**

## Small Intestine

TMJ capsule, pre-auricular region, cheek, inner ear

*Crosses the TMJ directly. Critical for joint-level dysfunction.*

**GB**

## Gallbladder

Temple, lateral head, behind ear, occipital region

*Temporal muscle tension, headaches, lateral jaw pain patterns.*

**SJ**

## San Jiao

Behind ear, mastoid, lateral face and temple

*Facial nerve territory. Post-surgical recovery around ramus/condyle.*

**BL**

## Bladder

Forehead, vertex, posterior neck, occiput

*Cervical tension and referred pain from post-surgical guarding.*

# The Sinew Channels

*Your patient's surface-level recovery system*

## What they are

The Sinew channels (Jing Jin) are the outermost layer of the channel system. They govern the muscles, tendons, ligaments, and fascia. They carry Wei Qi — the body's protective, surface-level energy.

## Why they matter post-op

After surgery, the Sinew channels drive swelling management, pain control, and tissue repair. When you cut through tissue, these channels respond first.

### Face & Jaw Sinew Channels

<b>ST Sinew</b>	Toe → face → masseter → nose → eye
<b>SI Sinew</b>	Finger → shoulder → jaw → TMJ → temple
<b>LI Sinew</b>	Finger → arm → shoulder → cheek → nose
<b>GB Sinew</b>	Toe → hip → ribs → temple → vertex
<b>SJ Sinew</b>	Finger → arm → shoulder → jaw → temple

*Each starts at a fingertip or toe and terminates at the head and face. Remote needling at the origin treats the terminus.*

# The Post-Op Patient

*Structurally healed. Still suffering.*

## Myofascial Tension

Post-operative guarding creates trigger points in the masseter, temporalis, SCM, and trapezius. Sinew channel treatment releases these patterns using both local and distal points along the affected channel pathway.

## Scar Tissue & Channel Disruption

A surgical scar crossing a channel pathway interrupts the functional line your patient was using before surgery. The tissue healed. The pathway didn't. Patients present with downstream symptoms — shoulder tension, jaw clicks, headaches — that don't map to anything on your imaging. Channel-based scar work restores continuity along the line.

## Nerve Recovery

Post-surgical numbness = Wei Qi deficiency along the channel. Hypersensitivity = excess Wei Qi that is not moving. This distinction determines the treatment approach and maps directly onto trigeminal and facial nerve distributions.

## Central Sensitization

Acupuncture modulates the autonomic nervous system, decreasing sympathetic overactivation. Reduces pro-inflammatory cytokines (IL-1, TNF-alpha). Promotes tissue perfusion in hypoxic or fibrotic tissue.

# The Non-Surgical Candidate

*Patients who aren't ready or aren't candidates still need to be served*

## The Gap in Current Care

Early-stage TMD patients, those with comorbidities, or patients who choose not to pursue surgery often cycle through your office without a clear path forward.

### These patients still present with:

- Chronic myofascial pain
- Limited range of motion
- Jaw clicking and dysfunction
- Sleep disruption and anxiety
- Diminished quality of life

## What Acupuncture Offers

Conservative, minimally invasive management that complements splints, PT, and pharmacotherapy.

Channel-based treatment addresses the whole patient — not just the joint — targeting the muscular, neurological, and systemic dimensions of their pain.

**2023–2024 meta-analyses show acupuncture significantly reduces pain intensity for muscle-origin TMD vs. placebo.**

# The Ice Debate

*The East has said this for 3,000 years. The West is starting to catch up.*

## What Western Research Is Now Showing

The original RICE protocol has been rescinded by its creator. The inflammatory response is necessary for tissue repair.

**Prolonged cold application delays the start of healing and lengthens recovery.**

Excessive cryotherapy impairs perfusion, delays tissue regeneration, and increases infection risk. Current evidence supports limiting cold to the first 6 hours only.

## What Classical Chinese Medicine Has Said for 3,000 Years

Cold constricts. It slows the movement of Qi and blood, creating stagnation at the injury site.

**Warmth actively moves Qi and blood to the area that needs repair.**

Cold foods, cold drinks, cold compresses — all introduce a pathogen the body has to fight before it can heal.

Strategy: protect warmth, preserve latency, move what's stuck.

*Two systems, 3,000 years apart, arriving at the same conclusion.*

# Read Your Patient's Tongue

*A 3,000-year-old diagnostic tool you can start using tomorrow*

**You see tongues every day. Here are 5 things they're telling you.**

**1**  
**Size**

## **Swollen / Large**

Fluid retention, poor digestion, internal dampness. Common with systemic inflammation.

## **Thin / Small**

Dehydration, blood deficiency. May indicate poor nutritional absorption.

**2**  
**Color**

## **Pale**

Blood deficiency, poor circulation, fatigue. Slow healing, cold extremities.

## **Red / Dark Red**

Excess heat, inflammation, infection. Purple = blood stasis at the tissue level.

**3**  
**Cracks**

## **Long Central Crack**

Digestive system weakness. Chronic deficiency. Often seen with fatigue.

## **Lateral Cracks**

Longstanding depletion. May correlate with yin deficiency, dryness.

**4**  
**Coat**

## **Thick White / Yellow**

Active pathogen. White = cold. Yellow = heat/infection. Thick = strong factor.

## **No Coat / Peeling**

Depleted digestive function, stomach yin deficiency. Acid reflux.

**5**  
**Moisture**

## **Wet / Dripping**

Excess fluids, poor fluid metabolism, internal dampness. Swelling, edema.

## **Dry / Cracked**

Fluid deficiency, dehydration. Impacts tissue healing and recovery.

# The Collaboration Model

*When to refer, what to tell patients, what to expect*

## Pre-Op

### 2–4 weeks before surgery

Reduce muscle hypertonicity, lower anxiety, optimize sleep. 2–3 acupuncture sessions targeting masticatory muscles and systemic regulation.

## Post-Op

### 2–4 weeks after surgery

Refer for myofascial recovery, nerve support, scar treatment. Weekly sessions for 4–8 weeks depending on complexity. Shared progress notes.

## Non-Surgical

### Ongoing conservative management

Patients not ready or not candidates for surgery. Complement splints, PT, and pharmacotherapy. Acupuncture addresses muscular, neurological, and systemic pain dimensions.

## What to Tell Your Patients

*"We want to support your recovery from every angle."*

*"Your recovery is a team effort — I handle the structure, our acupuncture colleague supports the healing."*

# Who Shouldn't Walk Into This

*Acupuncture is exceptionally safe. It's not universal. Here are the exceptions.*

## Severe Needle Phobia

A vasovagal episode in a dental chair is one thing. A patient who faints at the sight of a needle isn't a candidate for this work. I triage at the consult. Non-needle options (cupping, gua sha, tui na) are available if they want to try something.

## Bleeding Disorders & Immunocompromise

Patients on full anticoagulation, with active hematologic conditions, or severely immunocompromised need screening before needling. Most are fine with adjusted technique and point selection. The ones who aren't, I send back to you with a note.

## Quick-Fix Expectations

Patients expecting one session to fix six months of post-op pain aren't candidates. I tell them upfront: three sessions to know if it's working, six to know if it's holding. If that's too slow, they should keep looking.

## Low-Risk Reality

Serious adverse events for licensed acupuncture run under 0.1% per session. Bruising and transient soreness are the overwhelming majority. Single-use sterile needles, clean-needle technique, state licensure. Risk profile lower than most diagnostic injections you order.

**Let me show you  
what this looks like.**

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Live Demonstration

# Thank You

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*Send me one patient.*

Structurally healed. Still suffering. I'll send you a progress note at four weeks. Then we decide if this is worth building.

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