Appendix 2. Acupuncture information based on the STRICTA statement

1. Acupuncture rationale

1a) Style of acupuncture: Classic acupuncture theory,

1b) Reasoning for treatment: Textbook of Acupuncture (鍼灸醫學) and other traditional literatures (鍼灸大成)

1c) Extent to which treatment was varied: Individualized acupuncture regimen according to the patient's condition was allowed.

2. Details of needling

2a) Number of needle insertions: 8 to 20 (anticipated)

2b) Names of points: Suggested points included ST36, ST37, LR3, SP6, SP4, GB41 (on lower extremities) LI11, LI4, PC6, HT8 (on upper extremities). Selection of points will be at practitioners' discretion.

2c) Depth of insertion: 0.3 to 5 cm (according to the expected tissue depth on acupuncture points)

2d) Response sought: Subjective *De-qi* sensation or muscle contraction where appropriate

2e) Needle stimulation: Manual stimulation using lifting / thrusting and rotation techniques will be initially provided on all needled points. Electrical needle stimulation (electroacupuncture) will be provided on selected points (a frequency of 2 to 100 Hz, alternating current and intensity below pain threshold)

2f) Needle retention time: 20 minutes (anticipated)

2g) Needle type: 0.25×30 mm, 0.25×40 mm, 0.30×60 mm (Dongbang Inc, sterilized stainless steel)

3. Treatment regimen

3a) Number of treatment sessions: 3

3b) Frequency and duration of treatment sessions: 1st session within 2 hours, 2nd session between 6 hours and 24 hours and 3rd session between 24 hours and 48 hours after surgery.

4. Other components of treatments

4a) Details of other interventions

- One day before surgery, embedded acupuncture technique is applied to the bilateral points of LI4, HT7, ST36, Yin-Tang, ear Shen-Men, and then will be removed the next day. (Acupuncture group only)

4b) Setting and context of treatment: Practitioners were allowed to behave as they would do in real clinical practice.

5. Practitioner background

Two KMDs with at least 3-years clinical experience (residential trainee at the study hospital)

6. Comparator interventions

6a) Rationale for the control or comparator: An enhanced recovery program after surgery that was designed and is currently implemented by surgeons, anesthetists, dietitians, and nurses will be provided.

6b) Precise description of the control or comparator: The program includes preoperative education, early water/food intake, early mobilization, early removal of Foley catheter and drains, structured nursing care, and nutritional support. And intravenous infusion of (oxycodone 20mg, ketorolac 120mg, ramosetron 0.3mg) as standard antiemetic medication will be provided.

When vomiting occurs, a dose of continuous infusion will be reduced by 0.2 ml/hr and a bolus infusion of ramosetron 0.3 mg will be provided. A bolus infusion of ramosetron 0.3 mg will be also given if a patient feels greater than or equal to 6 points of nausea as measured on a 0 to 10 numeric rating scale (NRS) (nausea-severity scale) or by the patient's request regardless of the severity of the nausea.