TABLE 1 | GRADE summary of findings.

TEAS group compared to Control group for the prevention of the incidence of perioperative neurocognitive disorders (PND).

Patient or population: patients undergoing surgical procedures

Settings: Inpatients

Intervention: TEAS

Comparison: Sham intervention

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Importance
	Assumed risk	Corresponding risk				
	Control intervention	TEAS				
PND response rate	**198 per 1000**	**85 per 1000** (63 to 121)	**RR 0.43** (0.32 to 0.61)	999 (13 studies)	⊕⊕⊖⊖ **low**[1,2]	CRITICAL
POD response rate Follow-up: within 7 days	**242 per 1000**	**94 per 1000** (62 to 143)	**RR 0.39** (0.26 to 0.59)	579 (7 studies)	⊕⊕⊖⊖ **low**[1,2]	CRITICAL
CAM scores Follow-up: within 7 days	-	The mean CAM scores in the TEAS groups was **-1.30 lower** (-2.14 to -0.46 lower)	Not applicable	251 (3 studies)	⊕⊕⊖⊖ **low**[1,2]	IMPORTANT
Dosage of anesthetics--remifentanil	-	The mean dosage of remifentanil in the TEAS groups was **-1.58 standard deviations lower** (-2.54 to -0.63 lower)	Not applicable	180 (3 studies)	⊕⊖⊖⊖ **very low**[1,2,3]	IMPORTANT

| Dosage of anesthetics--propofol | - | The mean dosage of propofol in the TEAS groups was **-0.42 standard deviations lower** (-1.33 to 0.50 lower) | Not applicable | 180 (3 studies) | ⊕⊕⊖⊖ **low**[1,2] | IMPORTANT |

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

[1] Downgraded one level owing to high risk of performance bias across some included studies.

[2] Downgraded one level owing to small sample size for detecting publication bias.

[3] Downgraded one level owing to substantial heterogeneity (I^2>50%).

TABLE 2 | GRADE summary of findings.

TEAS group compared to Control group for the prevention of the incidence of perioperative neurocognitive disorders (PND).

Patient or population: patients undergoing surgical procedures

Settings: Inpatients

Intervention: TEAS

Comparison: Control intervention (no treatment/ sham intervention)

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Importance
	Assumed risk	Corresponding risk				
	Control intervention	TEAS				
DNR response rate Follow-up: within 30 days (postoperative day 7; postoperative day 30)	180 per 1000	92 per 1000 (59 to 140)	**RR 0.51** (0.33 to 0.78)	569 (8 studies)	⊕⊕⊖⊖ **low**[1,2]	CRITICAL
MMSE scores Follow-up: postoperative day 7	-	The mean MMSE scores in TEAS groups was **0 higher** (-0.46 to 0.46 higher)	Not applicable	350 (5 studies)	⊕⊖⊖⊖ **very low**[1,2,3]	IMPORTANT
Biochemical indicator(S100β) Follow-up: immediate postoperative period	-	The mean biochemical indicator(s100β) in the TEAS groups was **-1.08 standard deviations lower** (-1.67 to -0.49 lower)	Not applicable	324 (4 studies)	⊕⊖⊖⊖ **very low**[1,2,4]	IMPORTANT

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

[1] Downgraded one level owing to high risk of performance bias across some included studies.

[2] Downgraded one level owing to small sample size for detecting publication bias.

[3] Downgraded one level for imprecision (CI included the null effect).

[4] Downgraded one level for inconsistency ($I^2 > 50\%$).