

Comments on “Ultrasound-Guided Techniques for Postoperative Analgesia in Patients Undergoing Laparoscopic Sleeve Gastrectomy: Erector Spinae Plane Block vs. Quadratus Lumborum Block”

TO THE EDITOR:

With great interest, we have read the manuscript by Dr. Ashoor and colleagues (1), which indicated that erector spinae plane block and quadratus lumborum block, compared with a sham control group, significantly improved pain intensity among morbidly obese patients undergoing laparoscopic sleeve gastrectomy. Nonetheless, we have some concerns about their conclusions' strength based on the lack of basic pain scores among the intervention and control groups in the baseline characteristics. Moreover, there was a lack of data about other anesthetics during surgery.

Firstly, the baseline characteristic of the pain scores preoperatively was lacking, but it was highly significant for the strength of evidence for the conclusion. A previous study has verified that higher preoperative pain catastrophizing was associated with more serious postoperative pain (2). Thus, the preoperative pain scores

played a crucial role in the strength of the conclusion.

Secondly, the author lacked consideration of the consumption of other anesthetics among the intervention and control groups, such as propofol, which might affect the assessment of intraoperative hemodynamics. Due to the effect of anesthesia, there might be significant changes in blood pressure and heart rate during surgery, which could affect the accuracy of data at the T3 time point (1,2).

In light of the above limitations, we believe that further investigation and additional evidence are necessary to support the conclusions of this study.

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