

In Response

To THE EDITOR:

The authors want to thank Dr. Guan for his interest in our article (1). Dr. Guan has raised 2 queries about our study to compare the effect of either erector spinae plane block or quadratus lumborum block on pain intensity among morbidly obese patients undergoing laparoscopic sleeve gastrectomy (LSG), that we are delighted to answer them.

First, Dr. Guan argued that the authors' conclusions perceived lack of basic pain scores among the intervention and control groups in the baseline characteristics. Despite our agreement on the fact that pain catastrophizing scale (CPS) preoperatively can predict postoperative pain intensity (2,3), yet CPS in its all 3 items; magnification, rumination, and helplessness are not applicable in morbidly obese patients who don't have those catastrophizing thoughts. Instead, they are usually in a cheerful state that surgery will improve their life style. Added to this, the research team believes that asking patients about those thoughts preoperatively could raise unnecessary worries about a relatively safe surgery, in relatively pain free patients who don't complain of any pathology. It is also worth saying that CPS was studied in major surgeries; trauma (2) or cardiac surgeries (3) with a significant percent of adverse outcomes.

Dr. Guan also argued that the authors' conclusions perceived lack of consideration of the consumption of other anesthetics among the intervention and control groups". First, the research team clearly stated in the method section that "fentanyl (1 µ/kg) was given as an additional bolus dose if an increase in heart rate (HR) or mean arterial pressure (MAP) more than 20% from baseline values. The total intraoperative fentanyl consumption was recorded" and the intraoperative consumption of fentanyl was analyzed in Table 1. Second, arguments from reference (4) in that inquiry discussed the effect of induction medications on the blood pressure measurement during the induction of anesthesia.

In our study, the intraoperative hemodynamics were measured as mean value all through the surgery and not during induction only. Third, T3 time point was one hour after surgery, which exceeded the time course of drug effects (as mentioned in the study nondependent protocol section in methods).

According to the above response, the authors believe that the conclusion of the study clearly answered the proposed hypothesis of the study about the effectiveness of both ESPB and QLB in the postoperative pain control following LSG.

Tarek M. Ashoor, MD

Department of Anesthesia, Intensive Care and Pain Management, Faculty of Medicine, Ain-Shams University, Cairo, Egypt

Ahmed S. Jalal, MBBCh

Department of Anesthesia and Intensive Care, The National Institute of Diabetes and Endocrinology, Cairo, Egypt

Alfred Maurice Said, MD

Department of Anesthesia, Intensive Care and Pain Management, Faculty of Medicine, Ain-Shams University, Cairo, Egypt

Mohamed M. Ali, MD

Department of Anesthesia, Intensive Care and Pain Management, Faculty of Medicine, Ain-Shams University, Cairo, Egypt

Ibrahim M. Esmat, MD

Department of Anesthesia, Intensive Care and Pain Management, Faculty of Medicine, Ain-Shams University, Cairo, Egypt

Email: Ibrahim_mamdouh@med.asu.edu.eg

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