



Postoperative Pain and Opioid Consumption in the Acute Postoperative Period after Laparoscopic Gastrectomy

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To the Editor,

We read with great interest the article of Na et al. in a recent issue of the journal.¹ The authors performed a randomized study on 60 patients undergoing laparoscopic gastrectomy and concluded that intraoperative nefopam decreased postoperative pain and opioid consumption in the acute postoperative period after laparoscopic gastrectomy. The authors should be congratulated for performing a well-designed study in an important topic (e.g., acute pain) in patients undergoing gastrointestinal surgery.^{2,3} The current emphasis on the need to use multimodal analgesics to improve postsurgical pain and reduce opioid intake makes the study very relevant in perioperative medicine.^{4,5}

Although the study of Na et al. was well conducted, there are some questions regarding the study that need to be clarified. First, it is not clear if any local anesthetics were used in the surgical incision as this can substantially alter the study outcomes. Secondly, the authors evaluated multiple primary and secondary outcomes at various postoperative time periods; however, they did not adjust their statistical analysis to prevent Type I errors. Lastly, the improvements in postoperative analgesia were not accompanied by improvements in opioid-related adverse outcomes. It remains to be determined, therefore, if the authors' findings are clinically important.

We would welcome some comments by the authors as this would help to further support the findings of this important clinical trial.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflicts of interest.

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