Author's response to reviews

Title: Does using a femoral nerve block for total knee replacement decrease postoperative delirium?

Authors:

Sakura Kinjo (kinjos@anesthesia.ucsf.edu)
Eunjung Lim (lime@purdue.edu)
Laura P Sands (lsands@purdue.edu)
Kevin J Bozic (bozick@orthosurg.ucsf.edu)
jacqueline M Leung (leungj@anesthesia.ucsf.edu)

Version: 3 Date: 24 January 2012

Author's response to reviews: see over
Authors thank the reviewers for their constructive comments. Please see our responses below.

Minor Essential Revisions

1. This is a paper about total knee replacements. However, on p 8 the reader is told only that there were 674 subjects undergoing noncardiac surgery. How many of them underwent TKA? This helps to get at issue of bias that can accompany a nested case control design. Once this is made clear, some mention about potential bias of this type of study should be given in the paragraph on limitations of the study.

A total of 88 patients underwent TKR. 2 patients who had bilateral TKR and 1 patient who had femoral and sciatic nerve block were excluded. Thus, 85 patients met our inclusion criteria for this study. We have added this information in the results and limitations.

2. The fact that between the initial submission and current one additional data was incorporated and analyzed, bringing the results to significance needs to be addressed. The years that data was acquired in the Results section, and fact that a trend was seen and this led to the more complete analysis. Some mention of this should also be in the study limitations. This relates a bit to the "multiple looks" issue when performing a study. The reader should at least be aware that this did take place.

We thank you for the suggestion. This information was added to the results and limitations.

Minor discretionary

Although the data seem to support the hypothesis that regional adjuncts reduce postoperative delirium, the only opioid sparing effect is seen during surgery, and there appears to be no difference in subsequent pain or opioid consumption. Although the data is not available, it could well be that the amount of sedation/anesthetic levels were reduced in the nerve block group (as reflected by the reduced opioid requirements). This would be consistent with the observations of Sieber et al, now cited. However, this explanation may not work either as there were no differences between regional/general. Presumably, the femoral nerve block would add little to the epidural/spinal. Just trying to broaden the interpretation of the results...

Our results are not definitive, however, we think that a randomized trial would be necessary to validate the results, whether reduction of postoperative delirium by adjuvant techniques such as femoral nerve block is through opioid sparing.