Author's response to reviews

Title: Assessment of the Feasibility of High-Concentration Capsaicin Patches in the Pain Unit of a Tertiary Hospital for a Population of Mixed Refractory Peripheral Neuropathic Pain Syndromes in Non-Diabetic Patients

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Author's response to reviews: see over
Dear Dr. Tom Rowles,

Please find enclosed the revised version of the above mentioned manuscript. We have taken into account the comments made by the reviewers and the manuscript has been modified accordingly.

We enclose herein, as a supporting document, the list of changes that have been made. You will notice that the changes have been underlined.

We appreciate the thorough and relevant comments of the reviewers which, we believe, have permitted us to submit an improved manuscript. We hope that this revised version of our manuscript will be acceptable for publication in BMC anesthesiology, and we remain available for any further comments or suggestions.

Sincerely yours,

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1) The authors have STILL not been clear on how long the LA is applied to the skin prior to qutenza application. The Summary of Product Characteristics (SPC) for Qutenza used to state (the period when this audit was performed) that Local anaesthetic be applied for 60 mins (only 30 min for feet).

The total time of the procedure (the “monitoring” time of 105 min is less than this) My calculations from the RESULTS section are 9 min preparation time, 60 min LA exposure time, 60 min Qutenza = 129 min. So I ask, how is your total time only 105 mins? If you apply the LA for less than 60 state it clearly.

The New SPC state that LA application can now be omitted, which will reduce procedure time, so can you also comment on how this could improve turnover in the clinic

A: That is right, topical anaesthetic pretreatment in these patients was applied for a time less than 60 minutes. According to the reviewer comment we have added the following sentence in discussion section (page 14).

“The capsaicin patch was well tolerated. As expected, the most commonly reported adverse reactions were local transient pain at the application site, erythema and pruritus.

At this point, it is worth mentioning that in our patients topical anaesthetic pretreatment was only applied for a time less than 60 minutes as specified in the Summary of Product Characteristics. In no case was it necessary to remove the patch before time. To manage the acute pain during the application of the capsaicin patch, oral analgesics (NSAIDs) and local cooling (ice) were administered in 30% and 20% of the patients, respectively.

In fact, short-acting opioids, as recommended in the summary of product characteristics, were not necessary.”

2.- As your paper explores a practical method for utilization of Qutenza ad hoc on an individual case by case manner, can you discuss the merits of this over grouping patients together (as a group of say 3 to 6 patients) and doing the procedure in an allocated treatment session

A: As you know this is a clinical practice study, we collected the patient case by case. Since the population of our study we think there is no statistical nor practical benefits on performing a group analysis.

Minor revisions
Table 1. Misspelling of Opioid remains in several boxes. Lidocaine Infusion is more conventional compared to Perfusion

A: Done