Author's response to reviews

Title: Comparing etoricoxib and celecoxib for preemptive analgesia for acute postoperative pain in patients undergoing arthroscopic anterior cruciate ligament reconstruction: A randomized controlled trial.

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Version: 2 Date: 12 June 2010

Author's response to reviews:

Dear Editor

Thank you give us an opportunity to revise the manuscript. We had revised the manuscript according to the editors and reviewers comments. We also structured the abstract following the guideline, added more information in background part and added trial registration number at the last line of the abstract.

We had revised the manuscript according to the reviewers’ comments and addressed them in a point-by-point basis as follows:

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Authors:
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Version:
Author’s response to reviews: see over

Reviewer's report

Title: Comparing etoricoxib and celecoxib for preemptive analgesia for acute postoperative pain in patients undergoing arthroscopic anterior cruciate ligament reconstruction: A randomized controlled trial.

Version: 1 Date: 14 December 2009
Reviewer: Nikolaos Goulas

Reviewer's report:

There are issues regarding the use of the English language. If the authors attempt revision of the manuscript, I suggest that they ask the assistance of somebody very fluent in written and spoken English.

This manuscript had been reviewed and audited by an American English language consultant in our institution.

My major concern is the fact that the patients had spinal anesthesia and the effects of preoperative NSAIDs regarding pain were assessed already in recovery. ACL surgery last probably no more than 90 mins. Was the time interval long enough to allow the pain to be evident? The validity of the findings can be criticized because of this.

The authors have clarified this issue by adding details in the materials and methods section saying “They were kept until they recovered from the spinal anesthesia and satisfied with recovery room scoring system.” and “The first pain evaluation was made just before they left the recovery room and then repeated at 4, 8, 12, 16, 20, 24, 30, 36, 42 and 48 hours postoperatively.” Page 7, line 4

Most of the patients with ACL injury had an MVA: This is unusual. Was ACL damaged isolated? I would have suspected some patient should have fractures and other ligament injuries.

Action: correct

Majorities of our patients (81.25 percent) had sports injuries, which is the common cause of ACL injuries. Minorities of our patients (2.86 percent) had motor vehicle accident as the causes. Abstract, page 2 (line 17), result, page 9 (line 2)

I suggest the term ‘rescue medication’ should not be used.

The authors have omitted this term as suggested by the reviewer.

Also the treatment protocol does not reflected the current trends in ACL reconstruction surgery (spinal anesthesia, 48 hours drain in situ and hospital stay).

Action: clarified

This protocol is the common current practice in our country where the cost of hospital is much cheaper than in the western country. The hospital charges are paid by the government as the social healthcare called “universal coverage” and
other funding sources, the patients paid nothing. We have clarified this issue by adding in the methods section “As a currently common treatment protocol in our country where the hospital cost is inexpensive and for the purpose of direct pain observation” Page 6, line 13

Reviewer’s report

Title : Comparing etoricoxib and celecoxib for preemptive analgesia for acute postoperative pain in patients undergoing arthroscopic anterior cruciate ligament reconstruction: A randomized controlled trial.

Version : 1 Date : 24 February 2010

Reviewer’s report :

This is a prospective, randomized control study comparing two different kind of NSAID for preemptive analgesia for acute postoperative pain. They established 3 different treatment groups and evaluate pain in the postoperative period.

Minor essential revision:

1) Please state why you decided to compare Etoricoxib and Celecoxib (what would be the advantage of using one over the other)

Action: clarified and added.

Since both Etoricoxib and celecoxib are selective COX-2 inhibitor available in the market and have been claimed for use as preemptive analgesia without evidence-based support. We added in the introduction section “we could not fing any study of efficacy of single oral dose of these medicines given preoperatively.” and “to evaluate the efficacy of single preoperative dose of selective cox-2 inhibitors and whether there is any superiority among selective cox-2 inhibitors currently available in the market.” Page 4, introduction part, line 15, 22

2) The surgery were done under spinal anesthesia, so how can you explain the pain in the recovery room, normally the spinal anesthesia effect last a couple of hours after surgery.

The authors have clarified this issue by adding details in the materials and methods section saying “They were kept until they recovered from the spinal anesthesia and satisfied with recovery room scoring system.” and “The first pain evaluation was made just before they left the recovery room and then repeated at 4, 8,12, 16, 20, 24, 30, 36, 42 and 48 hours postoperatively.” Page 6, line 22

3) You need to address in the discussion why do you think that at 16 hs the placebo and etoricoxib had significantly less pain than the celecoxib group.

After revision of statistical analysis we found no difference at 16 hours but significantly at 4,8 and 12 hour post-operatively.
Action: corrected in result part and abstract and figure 1.

4) Figure 1 should be improve with statistics symbols, in order to assess at what time there was statistical significance
Action: Added symbol to define the statistically significant in Fig. 1

Reviewer's report

Title: Comparing etoricoxib and celecoxib for preemptive analgesia for acute postoperative pain in patients undergoing arthroscopic anterior cruciate ligament reconstruction: A randomized controlled trial.

Version: 1 Date: 11 May 2010

Reviewer: Nicolas Graveleau

Reviewer's report:

The general purpose of the paper is interesting because the subject is about "preemptive analgesia" a interest hot topic. The idea is to find the ideal protocol to reduce the postoperative pain score and have a earliest recovery after surgery.

The paper is well written, I' have very few to say about the general aspect and the presentation of the paper

The issue is that today the anesthesiologist agree to say that a simple medication is not efficient, then we need a multimodal preemptive anesthesia Isolated medication seems to identify in the literature that femoral block nerve > NSAIDs > paracetamol/morphine = placebo

This study the authors test NSAIDs (2 different) in orthopaedic surgery BUT - the samples (2 groups) are really very small and It seems to difficult to conclude on it

The number of subjects had been calculated by using the result of previous study.

- the two medication are very close to each other to be valuable in term of prospective?

Action: clarified

Both medicines have been widely used for peri-operative pain controlled. Our interest is whether there is any superiority between them. This study would add more information regarding the efficacy and side effects of both selective cox-2
NSAIDs. Clinicians can consider risks and benefits of each one to suit their patients.

Best regards,

Boonsin Tangtrakulwanich, MD., Ph.D.