Reviewer's report

Title: Pain, psychological distress and health-related quality of life at baseline and three months after radical prostatectomy

Version: Date: 8 October 2006

Reviewer: David R. Urbach

Reviewer's report:

General

This article surveys pain perception and health related quality of life among 155 men who underwent radical prostatectomy. The article found high postoperative pain scores correlated with length of stay, and pain scores at 3 months. Preoperative anxiety and depression was associated with postoperative anxiety and depression, as well as post operative pain. The authors recommend nurses should be aware of the psychologic correlates of postoperative pain and its effect on recovery, and that interventions targeting patients with psychological distress to improve late postoperative pain would be beneficial.

This article has several strengths which support the validity of the findings:

1. Large sample size
2. High response rate (85%) and follow up rate (90%)
3. Correlation of pre-operative and post operative measures
4. Use of multiple, validated, pain and HRQOL measures

The conclusions are reasonable and (for the most part) are supported by the study's findings

-------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. In the discussion, there are 2 statements that do not appear to be supported by data presented in this study. These are page 10 lines 1-3 ("patients with a previous experience of moderate/severe pain expected the postoperative pain levels to be high...") and page 11 paragraph 3 ("patients with previous experience of postoperative pain seemed to be more anxious preoperatively"). I could not identify any results relating to expectations of pain in relation to previous experience of pain, nor did I note correlations of previous episode of pain and post operative pain.

-------------------------------------------------------------------------------

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Throughout the manuscript, I suggest that measures of effect (correlation coefficients, difference in HRQL scores, etc.) be given in addition to P values. P values indicate only statistical significance, and not effect size. For example, page 8 paragraph 3 lines 4 and 5; page 9 paragraphs 1,2 and 3.

2. Percentages should be given with absolute numbers on page 9 paragraphs 1 and 2

3. What is intrathecal analgesia? Is this spinal anesthesia? The abbreviation (ITA) should be clarified int he text on first use of the term.

4. Figure 1 requires a legend explaining abbreviations. Percentages should be provided in addiition to absolute numbers in the figure.

-------------------------------------------------------------------------------

Discretionary Revisions (which the author can choose to ignore)

1. I would be very interested in any associations between wait time and pre operative anxiety. It appears that the authors would have the relevant data. As the authors undoubtedly know, many jurisdictions
internationally are grappling with the problem of wait times for cancer surgery. In the absence of evidence that prolonged waits cause harm with respect to cancer outcomes (e.g. reduced possibility of cure), it is of interest to know if there is psychological morbidity associated with waits for cancer surgery.

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests