Author’s response to reviews

Title: Epidural analgesia is not superior to systemic postoperative analgesia with regard to preventing chronic or neuropathic pain after thoracotomy

Authors:

Sandra Kampe (sandra.kampe@ruhrlandklinik.uk-essen.de)
Joachim Lohmer (joachimlohmer@web.de)
Gerhard Weinreich (Gerhard.weinreich@ruhrlandklinik.uk-essen.de)
Moritz Hahn (moritz.hahn@uk-koeln.de)
Georgios Stamatis (georgios.stamatis@ruhrlandklinik.uk-essen.de)
Stefan Welter (stefan.welter@ruhrlandklinik.uk-essen.de)

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Author’s response to reviews: see over
Reviewer Khosro Hekmat suggested no changes.

Reviewer Christian Dualé
Point by point answer:

Major Compulsory Revisions:
  a) We agree to the reviewer point of view that a randomized trial would have greater impact. This is our first trial of comparing EDA vs. systemic pain regimen and by the next step we designeg a RCT of this issue which is under approval by the Ethics committee of our Univeristy at the moment. In this next step we planned with a power analysis the patients number being investigated.
  b) We agre to the reviewers`comment that the lost-to-follow-up rate is quite high. However, we are one of the largest thoracic surgeries in Germany and our all patients undergo multidisciplinary oncological meetings in which the indication for surgery is verified. Our high loss rate is mostly because some patients do not have a long life expectance.
  c) We agree to the reviewers`comment that an physical assessment should have been performed. However, we did not design the study with physical examinations because mots of our patients come from many kilometres away and are not routinely seen again by our surgeons. At the moment we are performing a study in lung transplant patients. These patients, of course, are seen by us every 3 months, and we perform physical investigations, too, of course.

Minor Essential Revisions:
  a) We revised the abstract (please see page 2 revised manuscript.
  b) We deleted the first sentence of the last paragraph of the abstract.
  c) We agree to the reviewer that comparing data are lacking.
  d) With regard to literature most studies on PCC are with epidurals.
  e) Patients were included into our study by Joachim Lohmer (not staff member) after patients had bee premedicated by an anaesthesiologist of my team. The premedicating anaesthesiologist determined with the patient the pain therapy (EDA or not).
  f) Dipyrone is a non-opioid frequently used in Europe (Novaminsulfon, Novalgin). Hundrets of thousands prescriptions per year.
  g) We agree to the reviewers point of view and moved this paragraph (page 6).
  h) Of course, we now performed a power analysis for the next study with an similar design, but an randomized setting (now under approval of our ethics committee). We feel the present data as pilot data, we, therefore did not calculate a power analysis.
  i) The reviewer is right. The results section was confusing. We changed the result section, present now percentages and tables, plese see pages 8, 9, andtable 2-3.)
  j) We incorporated the reviewers`suggestions and revised the discussion, please see pages 10-14.
  k) We deleted “feasonable”.
  l) We incorporated the reviewers`suggestions and added the literature on functional explorationin our discussion.
m) We present now the data as percentages.

n) We revised the tables.