Author’s response to reviews

Title: Gradual withdrawal of remifentanil delays initial post-operative analgesic demand after thyroid surgery. A double-blinded, randomized controlled trial

Authors:

Sarah Saxena (sarahksaxena@gmail.com)
Kimberly Gonsette (kimberly.gonsette@gmail.com)
Willy Terram (willy94600@hotmail.fr)
Isabelle Huybrechts (isabelle.huybrechts@ulb.ac.be)
Daniel Nahrwold (daniel.nahrwold@gmail.com)
Matteo Cappello (matteo.cappello@ulb.ac.be)
Luc Barvais (luc.barvais@erasme.ulb.ac.be)
Edgard Engelman (edgard.engelman@erasme.ulb.ac.be)

Version: 1 Date: 28 Mar 2019

Author’s response to reviews:

We would like to thank the editor and reviewers for reading and correcting our manuscript. As researchers who are eager to grow and develop in our careers, we sincerely appreciate your guidance.

Regarding the editor’s comments:

We agree with the editor that perhaps multimodal analgesia was responsible for a few of the non-significant outcomes and that this protocol should be studied in a surgical procedure that is typically associated with higher degrees of pain. We have conveyed these sentiments both in the conclusion of the abstract as well as the manuscript.

The statistical comments have been placed at the footer of the tables.

P-values have been added to table 1.

Regarding Dr. Banik’s comments (reviewer 1):

We thank you for your feedback and partially agree with your comments. At present, an ‘ideal
withdrawal’ method for remifentanil does not exist. The methodology in this study was based on existing literature, as well as our day-to-day practice, but is indeed flawed (reference: 3). We decided to use 2ng/ml at the end of the surgery and prior to transfer to the PACU. In this way, a gradual withdrawal of remifentanil was possible in exactly 2 hours.

Intra-operatively, patients from both groups received equal amounts of remifentanil as it was administered according to the Minto model (TCI) which takes into account individual patient characteristics. Doses were changed in a fixed way as described in the methodology in order to avoid peaks and troughs.

Regarding the time for the first demand of post-operative morphine, one might say that the presence of remifentanil obscures this outcome. However, the remifentanil dose is quite low, especially in the second hour of the withdrawal. We do agree that this type of withdrawal needs to be studied on a larger scale and in more painful surgeries.

Regarding Dr. Aksoy’s comments (reviewer 2):

We appreciate your feedback and thank you for your kind words.