Author’s response to reviews

Title: Comparing Parecoxib and Ketorolac as Preemptive Analgesia in Patients Undergoing Posterior Lumbar Spinal Fusion; A Prospective Randomized Double-Blinded Placebo-Controlled Trial Koopong Siribumrungwong MD*,1 : koopongs@hotmail.com Julin Cheewakidakarn MD1 : chulin_c@hotmail.com Boonsin Tangtrakulwanich MD, PhD1 : boonsin.b@psu.ac.th Sasikaan Nimmaanrat MD2 : snimmaanrat@yahoo.com *Corresponding author 1 Department of Orthopedic Surgery and Physical Medicine, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkla, Thailand, 90110 2 Department of Anesthesiology, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkla, Thailand, 90110

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Dear peer-reviewer

Poor postoperative pain control is associated with complications and delayed discharge from a hospital. Postoperative pain following lumbar spinal fusion surgery can be perceived by the patients immediately in the recovery room as they are recovering after general anesthesia. Pain management in the postanesthesia care unit (PACU) is very important and better management of pain in the PACU setting will likely improve patient satisfaction and facilitate shorter PACU stays.

Preemptive analgesia is one of the concepts to reduce postoperative pain. Parecoxib and ketorolac are potent non-opioid NSAIDs that are attractive alternative drugs to opioids to avoid opioid-related side effects. Although there have been some studies evaluating the efficacy of NSAIDs for preemptive analgesia, our study is the first head-to-head study of comparing ketorolac, parecoxib, and placebo for major orthopaedic surgery. Our study found that preemptive administration of parecoxib and ketorolac resulted in improved immediate postoperative pain at the PACU (0 and 1 hour in the ketorolac group and 0 hour in the parecoxib group).

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