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INNOVATION IS WELCOMED BUT MUST BE COMPARED WITH THE CURRENT STANDARD OF CARE

To the Editor:

We read with interest Moon and colleagues’ recent randomized, controlled trial on the role of intramuscular stimulation for multimodal postthoracotomy pain control. We applaud the efforts to evaluate nonopioid modalities for analgesia and agree that we need to continue our efforts to reduce postoperative pain in our patients. However, we feel using intravenous patient-controlled analgesia as the standard by which the authors compare their modality is not reflective of the general standard of care in the current era. Numerous authors have shown that patient-controlled analgesia is not needed after thoracic surgery, nor is it a component of enhanced recovery protocols. We would like to see the findings compared with other local strategies, such as a posterior intercostal nerve block with liposomal bupivacaine or On-Q systems (Legrand).

Following the publication of Rice and colleagues’ study involving the use of liposomal bupivacaine, Jackson and colleagues corresponded that, in their practice, they not only noticed that liposomal bupivacaine led to a decrease in narcotic use in the first week after surgery, but also after 1 month (in relation to an epidural). We have likewise found that implementing a standardized pain control regimen to include a posterior intercostal nerve block with liposomal bupivacaine, acetaminophen, gabapentin, and nonsteroidal anti-inflammatory drugs, with short-term opioids only if needed, has not only provided our patients with adequate pain control but also substantially limited the need for opioids after discharge.

Again, we applaud the results and the efforts to evolve the pain management of our patients. There are not many studies demonstrating the use of intramuscular stimulation in thoracic surgery, and we appreciate the innovation while recognizing that it would be of benefit to educate the thoracic surgical community on the technical nuances of the procedure. We also hope to see further studies with larger sample size, appropriate controls, and validation cohorts at other institutions, to elucidate the effects of intramuscular stimulation and to better clarify its potential role.

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References


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