I congratulate Stammberger et al. [1] for their excellent article which considers the problem of long-term pain after thoracic surgery. However, the authors conclusion that long-term pain is improved after video-assisted thoracoscopy (VATS) compared to thoracotomy cannot be made from this study as there was no control group of patients undergoing open thoracotomy. Other evidence suggests that this conclusion is incorrect. The authors refer to the retrospective study of Landreneau et al. [2] which found that VATS improved long-term pain compared to thoracotomy before 1 year but made no difference after 1 year. Additionally, two prospective controlled trials (one randomized) have shown no difference in long-term pain between open thoracotomy and VATS [3,4].

The definition of chronic postthoracotomy pain is pain persisting beyond 2 months after surgery. At 3 months, 28.3% of the patients in this study had pain, which is comparable to long-term pain after open thoracotomy [2,3,5]. Furthermore, questionnaire-based studies, especially retrospective ones, are unreliable.

Long-term pain continues to be a major disadvantage of thoracotomy. Stammberger et al. [1] have highlighted the many advantages that VATS has over open thoracotomy with regard to acute pain, pulmonary function, postoperative recovery and return to work. However, there is no evidence that VATS improves long-term pain outcomes and this must be considered when counselling patients for surgery.

References