ketamine had a significant reduction of pain scores, inflammatory response and morphine consumption compared with placebo. Thus, in line with a philosophy of multianalgesic treatments of post-thoracotomy pain, the pre-emptive administration of ketamine followed by i.v. morphine analgesia may be of clinical relevance in situations where epidural analgesia or other analgesic procedures different from i.v. opioid analgesia are unavailable or contraindicated. However, the dose of ketamine used, the VAS score measured only at rest and the i.v. morphine analgesia used as additional analgesic treatment adopted are all variables that should be taken in account when our results are analysed. Thus, further evidence by larger randomized, double-blind studies are required before a definitive conclusion can be made on the effectiveness of pre-emptive ketamine.

Conflict of interest: none declared.

REFERENCES


eComment. Pain scales: a tool for assessing post-thoracotomy pain. Is it enough?

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We would like to congratulate Fiorelli et al. [1] for their interesting article. Postoperative pain after thoracotomy is a significant issue and the main cause of several post-surgery complications. Pain scales are an easy and effective tool that measure postoperative pain; however, it seems prudent to consider more than one pain scales in order to achieve more accurate conclusions about the appropriateness of the scale [2].

Health economics nowadays focus on quality of life and not only on the parameters that affect it; therefore, we believe that simple quality of life questionnaires like D-15, EQ-5D, SF-36 must be used in such reviews in order to assess the patient’s functionality after surgery [3].

We also suggest that it would be of great interest to continue patient’s pain follow-up for over a month, so as to detect the effect different pain killers have in late postoperative period on permanent intercostal neuralgia. Pathophysiology of chronic post-thoracotomy acute pain is not a simple phenomenon and usually includes intercostal nerve damage with a central sensitization process [4].

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References


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