

Comment on Pain Management Strategies After Hepatectomy, a Narrative Review of Therapeutic Options [Response to Letter]

Yuqin Wang , Xiuxiu Song 

Department of General Surgery, The Affiliated Hospital of Xuzhou Medical University, Xuzhou, Jiangsu, People's Republic of China

Correspondence: Yuqin Wang; Xiuxiu Song, Department of General Surgery, The Affiliated Hospital of Xuzhou Medical University, No. 99 huaihai West Road, Quanshan District, Xuzhou, Jiangsu, People's Republic of China, Email 551867808@qq.com; 1970798195@qq.com

Dear editor

Thank you to Haihang Dong and Yinqiang Zhang for taking the time to read our article titled “Construction of Pain Management Strategies After Hepatectomy: Evidence Summary and Delphi Study” and for your constructive feedback. Your insights are highly valuable to us and will significantly contribute to the improvement of our research.

Regarding the Selection of Experts in the Delphi Method

We appreciate your comments on the selection of experts and the potential impact on the generalizability of our findings. In our study, we invited a diverse group of 16 experts, as shown in the article, including 2 anesthesiologists, 2 hepatobiliary surgeons, 7 nurses - 3 pain care specialists, 2 general surgery nurses, 2 oncology nurses, and 5 specialists - 3 painologist and 2 evidence-based specialists. These experts were chosen based on their extensive clinical experience and expertise in postoperative pain management. While our expert panel represents a broad range of disciplines relevant to post-hepatectomy pain management, we acknowledge that the overrepresentation of nursing professionals may limit the diversity of perspectives.

The selection of regions is indeed limited, which is not clearly shown in the paper. Our experts are mainly from Jiangsu Province, and some are from Shanghai and Zhejiang Province, which lacks representativeness and is a shortcoming of the research. In this study, the information of the experts is not detailed enough. Among the 16 experts, 14 are from hospitals and 2 are from schools, but some experts also hold positions or teach in schools. We acknowledge the limitations of the inclusion of experts and the lack of interest groups. We agree that including a wider range of stakeholders, including patients and experts from different cultural and economic backgrounds, would enhance the comprehensiveness and applicability of our findings. Future studies should strive to incorporate a more balanced and inclusive selection of experts to ensure that the consensus reached is representative of the broader clinical community.

Regarding Non-Pharmacological Interventions

Your observations about the need for a critical evaluation of non-pharmacological interventions in resource-constrained settings are well taken. We recognize the growing preference for these interventions due to their minimal side effects and cost-effectiveness. Although our study references non-pharmacological interventions such as music therapy and cognitive behavioral therapy, we agree that a more thorough examination of their feasibility and effectiveness is essential.

In our evidence summary, we found limited comprehensive evaluations of non-pharmacological interventions, particularly in the context of post-hepatectomy pain management. We fully acknowledge the potential benefits of integrating traditional practices like acupuncture into multimodal pain management strategies.¹ Acupuncture has demonstrated significant clinical efficacy in managing post-surgical pain and could reduce reliance on opioids, thereby enhancing patient recovery.

Our team is currently conducting further research to provide a more comprehensive summary of non-pharmacological interventions. This includes systematic reviews and meta-analyses to assess the effectiveness and feasibility of these interventions in various healthcare settings. We aim to develop evidence-based guidelines that incorporate these interventions into clinical practice, ensuring that they are adaptable to different healthcare systems and resource levels.

Conclusion

We are grateful for your thoughtful comments and suggestions. Your feedback has highlighted important areas for improvement in our research methodology and content. We are committed to addressing these issues in our future work to ensure that our findings are robust, inclusive, and applicable across diverse clinical settings.

We look forward to the possibility of further collaboration and exchange of ideas in the future. Your contributions to the field of pain management are highly valued, and we hope to continue learning from your expertise.

Thank you once again for your time and valuable input.

Disclosure

The authors of all contributions declare that no conflict of interest exists.

Reference

1. Liu N, Liu G, Chang X, et al. Combining various acupuncture therapies with multimodal analgesia to enhance postoperative pain management following total knee arthroplasty: a network meta-analysis of randomized controlled trials. *Front Neurol.* 2024;15:1361037. doi:10.3389/fneur.2024.1361037

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