

A Commentary on “Analysis of Factors Related to Throat Soreness After Painless Gastroscopy: A Single-Center Study” [Letter]

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Dear editor

We recently examined an enlightening study by Liu et al, “Analysis of Factors Related to Throat Soreness After Painless Gastroscopy”,¹ published in the Journal of Pain Research. The research's conclusions regarding the frequency and contributing factors of post-gastroscopy throat discomfort, especially the notable influence of procedure length, are significant and contrast with earlier studies, emphasizing the pressing need for enhanced procedural methods to improve patient experience.

Nevertheless, this investigation has several shortcomings that deserve consideration. Primarily, the evaluation of throat pain needs refinement.² Utilizing more precise assessment tools and conducting evaluations at various intervals would yield a more thorough understanding of pain development. Furthermore, including endoscope diameter as a research parameter could provide more profound insights and precise clinical recommendations.

Additionally, this research did not directly tackle the problem of missing data. Subsequent studies should implement multiple imputation methods to deal with absent values, ensuring more dependable outcomes.³ Although the investigation adjusted for confounding variables like age and BMI, it's important to consider potentially overlooked factors such as genetic predisposition and mental state. Employing sophisticated statistical approaches, for instance, structural equation modeling, could provide a more precise evaluation of each factor's distinct influence on throat discomfort.

Moreover, the investigation lacked analyses of subgroups based on gender, age, illness severity, and type of surgery.⁴ These examinations are crucial as they might uncover more subtle connections between variables, such as the duration of gastroscopy and throat pain, potentially leading to more specific clinical guidelines.

Lastly, the psychological dimension of patient care is of utmost importance. Close cooperation between healthcare providers and psychologists is crucial to offer comprehensive mental health support. Pre-surgery communication to elucidate the procedure and potential discomfort, coupled with psychological preparation using cognitive-behavioral therapy, can help reduce patients' worry and fear. Post-surgery care, including guidance on positive self-talk, is essential for improving recovery and overall well-being. Ongoing psychological evaluation and support are also necessary to quickly identify and address any feelings of anxiety or depression.

In conclusion, while the research by Liu et al offers valuable insights, addressing these shortcomings in future studies could further improve our comprehension and management of throat soreness following painless gastroscopy.

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Disclosure

The authors report no conflicts of interest in this communication.

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