

# Effect of Early-Intervention Acupuncture on Pain Relief Among Emergency Department Patients with Suspected Acute Renal Colic Due to Urinary Calculi: Study Protocol for a Randomized Clinical Trial [Letter]

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## Dear editor

We recently read the study protocol by Wang et al titled Effect of Early-Intervention Acupuncture on Pain Relief Among Emergency Department Patients with Suspected Acute Renal Colic Due to Urinary Calculi: Study Protocol for a Randomized Clinical Trial with great interest.<sup>1</sup> It compared the efficacy of acupuncture and sham acupuncture on renal colic due to suspected urinary calculi. Unlike previous studies of medication alone and acupuncture combined with medication, this study protocol provides new ideas for early pain management in patients with renal colic in the emergency department, and we are very grateful for the excellent contribution of this study. However, we have some cautions and suggestions we would like to bring to your attention.

Firstly, the article mentioned that the outcome indicators included the revisit rate and the surgical intervention rate at 3 days after acupuncture treatment, but it did not mention whether the follow-up of some patients who left the hospital and did not come back was carried out to clarify whether the patients underwent other treatments after leaving the hospital. The lack of information on the follow-up of these patients may have affected the results of the study.

Secondly, the study was a single-center study, which may lead to some limitations in the generalizability of the results due to the disparity of medical standards among healthcare institutions, and subsequent clinical or multi-center studies may be conducted to fill the gaps in this area of research. In addition, the article describes the randomization process and the blinding design in detail, but the lack of blinding of acupuncturists may lead to the introduction of partial bias. This bias may affect the assessment of pain level, a subjective outcome indicator.<sup>2</sup>

In addition, we noted some minor issues. The exclusion criteria section of the study protocol was partially added compared with the clinical registry information. Although the added exclusion criteria were more conducive to the conduct of the study, it was equally important to ensure the consistency of the registry information with the actual protocol of the study. And the article mentions only six nodes in its description of acupuncture response rate, an outcome metric, but a total of seven measurement nodes are addressed in Table 1. Although the error here did not have much impact on the conduct of the study, correcting it may better ensure the rigor of the study protocol.

In conclusion, the study design of Wang et al has already made a significant contribution to the field of early acupuncture intervention for renal colic. Our recommendations are only intended to help further optimize an already excellent study. We look forward to their findings and more innovations in future studies related to this field.

## Disclosure

The authors declare no conflicts of interest in this communication.

## References

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