

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

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## Dear editor

We recently had the pleasure of reading an article titled “Construction of Pain Management Strategies After Hepatectomy: Evidence Summary and Delphi Study” published in the *Journal of Pain Research*. The study provides a comprehensive synthesis of existing evidence to identify optimal strategies for post-hepatectomy pain management, serving as a valuable resource for guiding clinical nursing practice.<sup>1</sup> To further enhance the comprehensiveness and depth of this important research, we would like to offer some recommendations.

First, the selection of experts and revision of opinions using the Delphi method may compromise the authority and generalizability of post-hepatectomy pain management strategies. This study did not clearly specify expert sources from various regions and institutions, resulting in insufficient representation of diverse perspectives and practical experiences within the relevant field.<sup>2</sup> Among the 16 experts, 43.75% (7 experts) are from the nursing profession, which may not accurately reflect the actual distribution of professionals involved in managing post-hepatectomy pain in clinical settings. Although the study adopted a comprehensive and systematic approach, the imbalance in expert composition could lead to missing crucial information and insights, thereby diminishing research thoroughness. When designing a Delphi study, researchers should strive to include diverse stakeholders to better capture the perspectives and needs of different groups.<sup>3</sup> Moreover, cultural differences in pain perception, healthcare systems, and treatment approaches may limit the applicability of the findings beyond specific contexts.<sup>4</sup> A more inclusive approach could enhance clinical decision-making, enrich humanistic care, and ensure balanced cost-effectiveness.

Furthermore, the article references non-pharmacological interventions such as music therapy and cognitive behavioral therapy but lacks a critical evaluation of their feasibility in resource-constrained settings. Given the growing preference among caregivers and patients for these interventions due to their minimal side effects and cost-effectiveness, a thorough examination of their scope and applicability is essential. For instance, acupuncture, a traditional practice in Chinese medicine, has gained considerable acceptance and demonstrated significant clinical efficacy in managing post-surgical pain. This modality could be incorporated into multimodal pain management strategies, potentially diminishing reliance on opioids and enhancing recovery for postoperative patients.<sup>5</sup>

In conclusion, this systematic evidence summary and Delphi study provide valuable insights into pain management strategies following hepatectomy. Nevertheless, the methodology for expert selection did not sufficiently address potential biases. Future research should inclusively and equitably engage patients, nurses, anesthesiologists, as well as liver disease and surgical specialists from diverse economic and cultural backgrounds to reduce bias and enhance fairness. The aim is to achieve a comprehensive consensus on post-hepatectomy pain management. Additionally, greater emphasis should be placed on summarizing and developing effective non-pharmacological therapies that are adaptable to various healthcare systems. By addressing these issues, systematic evidence reviews can more effectively lay the

foundation for evidence-based clinical guidelines and provide guidance, ultimately improving patient outcomes and advancing the field toward optimized practices.

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## Disclosure

The authors report no conflicts of interest in this communication.

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