

# Comment on: Multimodal analgesia with thoracic epidural after transthoracic oesophagectomy: Do we need more evidence?

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Dear Editor,

Regarding the article by Chung *et al.*<sup>1</sup>, may we commend the authors for raising this worthwhile issue of pain relief for esophagectomy.

Similar to the authors' experience of finding inferiority in pain management using multimodal peripheral pain catheter technique (MA) in comparison with patients selected for thoracic epidural (TE), we found in two retrospective cohort assessments in different hospitals that there seems to be equipoise between the local anaesthetic technique and the thoracic epidural technique for acute post esophagectomy pain management. Additionally, there appeared to be advantages of the local anaesthetic technique, which could suggest its value in avoiding hypotension and inotrope agents, as the authors found in their study. Both techniques led to median/mean pain scores of less than 3 equating to mild pain only and this would seem more than adequate clinically to demonstrate no minimal clinically important difference.

Table 1<sup>1</sup> indicates that the authors no longer use thoracic epidural because of the advantages they have seen as have we, in the use of the MA techniques.

It has been shown that no difference existing between thoracic epidural and paravertebral blockade for thoracic incisions alone in Cochrane systematic review.

There may be an added benefit of improved management of delayed post thoracotomy pain by the local blockade technique, which we have seen clinically but not documented, but has been elsewhere.

Because of our clinical satisfaction with this technique, it is our standard of care and has been for a number of years. Further cohort reports strengthen the case for further clinical utilisation of this technique.

It is however imperative that the technique be precisely performed in the manner suggested in our previous articles to adequately evaluate efficacy. Perhaps this technique should now be utilised more generally without the necessity for an RCT, indeed we would have ethical concerns in randomisation to TE.

*Disclosure.* The authors declare no conflicts of interest.

## Reference

1. Chung JNC, Kamarajah SK, Mohammed AA, Sinclair RCF, Saunders D, Navidi M *et al.* Multimodal analgesia with thoracic epidural after transthoracic oesophagectomy: Do we need more evidence? *Br J Surg* 2021;**108**:58–65.