Gabapentin to Prevent Acute Pain after Tonsillectomy

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We read with great interest the article of Sanders et al in a recent issue of the journal.1 The authors examined 73 adults undergoing tonsillectomy and concluded that preemptive Gabapentin (600 mg) resulted in greater postoperative pain scores and analgesic consumption following adult tonsillectomy when compared with placebo. The authors should be congratulated for performing a well-designed trial in an important topic for patients undergoing tonsillectomy surgery.2,3

Although the study of Sanders et al was designed well, there are some concerns regarding their trial that should be clarified to determine the validity of the study findings. First, it would be important to present the postoperative opioid and nonopioid analgesic consumption by study groups, as this can significantly alter the primary outcome.4,5 Second, although the authors listed the common drugs used during anesthesia, the anesthetic management was not standardized, and this can alter the primary outcome. Last, the authors evaluated 2 primary outcomes (pain at rest and swallowing) across 15 time points. The authors should have corrected their P values to avoid type I errors (Bonferroni-corrected P < .001).

We welcome comments to address the aforementioned issues. This would help to further validate the findings of this important study.

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References

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We would like to thank Kendall and Castro-Alves for their kind letter and the concerns that they raised regarding our study.1

To address the first point, analysis of postoperative opioid and nonopioid analgesic consumption was performed by study groups in table format; this has been graphically represented and published as part of a thesis available at the University of Otago library, New Zealand.2 Consumption is shown here in Figure 1. Postoperative analgesia included paracetamol (acetaminophen; 1 g), codeine (30-60 mg), and diclofenac (50 mg). Remaining tablets were returned to verify quantities used, and these showed good correlation to patient-reported consumption.