



Comment on: “The effect of corticosteroid on postoperative early pain, renal colic and total analgesic consumption after uncomplicated and unstented ureteroscopy: a matched-pair analysis”

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Dear Editor,

I read with great interest the article by Hamidi et al. [1] in a recent issue of the journal. The authors performed a retrospective study on 397 patients who underwent unstented ureteroscopy and concluded that corticosteroid after uncomplicated unstented ureteroscopy can be offered to reduce early postoperative pain, renal colic episodes and total analgesic consumption. The authors should be congratulated for performing a well-designed study on an important topic (e.g., acute pain) in patients undergoing urologic procedures [2, 3]. The current emphasis on the need to reduce the use of opioids by using multimodal analgesic strategies makes the topic very relevant in perioperative medicine [4, 5].

The study of Hamidi et al. was well conducted; however, there are several questions regarding the study that need to be clarified by the authors. First, it is unclear if the patients received standardized intraoperative analgesics as this can significantly affect the postoperative outcome of the study. Second, dexamethasone (another corticosteroid) is commonly given intraoperatively to prevent postoperative nausea and vomiting. It is unknown if the patients in this study received intraoperative dexamethasone confounding the author’s findings. Last, the authors evaluated multiple outcomes, but did not account for type I errors which may change the author’s conclusions.

I would welcome comments to address the aforementioned issues, as this would help to further support the findings of this important retrospective study.

Compliance with ethical standards

Conflict of interest The author declares no conflicts of interest and has nothing to disclose.

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