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LETTER TO THE EDITOR

Difficult to evaluate the effect of remimazolam

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To the Editor:

We read with great interest the recent study by Hari and colleagues [1]. The authors aimed to describe the remimazolam (REM) and postoperative nausea and vomiting (PONV) after laparoscopic gynecological surgery under general anesthesia. Certainly, the findings of Hari et al. hold significance during the early postoperative period. However, we would like to draw their attention to the following issue.

It is well-known that assessment of postoperative nausea intensity is difficult, because nausea is a subjective and unpleasant sensation, usually based on verbal communication with the patient [2]. Due to the residual effects of general anesthetics during the recovery from anesthesia after surgery, patients cannot immediately return to their preoperative state, even advances in anesthetic and surgical techniques [3, 4]. Patients' mental and physiological status can only return to its preoperative original baseline gradually over time [5].

In the study by Hari et al., visual analogue scales (VAS) about PONV was measured at two timepoints: 2 h and 24 h after surgery. However, an important question is raised: are the patients' mental states fully cooperative to perform the action of VAS during the recovery from anesthesia after surgery, especial aged patients? We think that the patients cannot perform the action of VAS well for lower physiological status at 2 h after surgery.

From the discussion above, the current study by Hari et al. does not provide convincing evidence that remimazolam can reduce the incidence of PONV after laparoscopic gynecological surgery compared to general anesthesia with desflurane during the early postoperative period.

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