



Authors' response to the letter to the editor

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To the Editor:

We thank Dr. Jianyin Yang, MD for his interest in our original article [1]. Yang argues that there is no convincing evidence in our retrospective study that there was no difference in the prevalence of PONV between remimazolam and sevoflurane anesthesia in patients undergoing artificial joint replacement surgery, especially in the early phase (0–2 h). Yang points out that our study may have underestimated the frequency of PONV in the early phase after general anesthesia.

In our study, the presence of PONV was determined by anesthesiologists during postoperative rounds approximately 24 h after surgery. This determination of PONV was based not only on patient interviews, but also on electronic records, including records of PONV in the Post Anesthesia Care Unit (PACU). We believe that it is unlikely that our study significantly underestimates early PONV because we also refer to records of early PONV at PACU to determine the presence of PONV. Furthermore, we have already pointed out the limitation of this study in the main discussion, and we have already pointed out the possibility of recall bias and underestimation of early PONV in the main text.

Given the retrospective nature of our study, it was not possible to clearly separate the incidence of early PONV from that of 24-h PONV. The assessment of remimazolam's influence on both early and 24-h PONV constitutes a pivotal inquiry, and we eagerly anticipate the results of forthcoming prospective investigations on this subject.

Declarations

Conflict of interest The authors have no competing interests to disclose.

Reference

1. Yunoki K, Mima H. Postoperative nausea and vomiting after artificial joint replacement surgery: comparison between remimazolam and sevoflurane, a propensity score analysis. *J Anesth.* 2023;37(5):666–71.

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