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LETTER TO THE EDITOR

Reply to the letter to editor "factors influencing abdominal compliance"

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To the Editor:

We are very grateful Basaran and colleagues for their helpful comments on our manuscript [1]. The study investigated whether changes in the distance from the umbilicus port to the peritoneum would be similar between the group using deep muscle relaxation (the non-PNB group) and the group using moderate muscle relaxation with abdominal peripheral nerve block (the PNB group) undergoing a robot-assisted laparoscopic radical prostatectomy.

We appreciate the concerns regarding history of surgery or chronic lung disease on abdominal compliance (AC). As noted in the manuscript, no patient in either group had a history of abdominal surgery. Furthermore, as shown in Table 1 [1], there were no significant differences in respiratory function or the percentage of smokers between the two groups. In accord with their suggestion, the relationships between the change in distance from 8 to 12 mmHg and both FEV1.0 and %VC were examined using Pearson's correlation coefficient, but no significant correlations were found (FEV1.0; $r = -0.0884$ [95% CI − 0.397–0.238], $p = 0.598$, %VC; $r = 0.216$ [95% CI − 0.112–0.501], $p = 0.194$, respectively). Although patients with severe respiratory disease may affect AC due to reduced diaphragm remodeling capacity [2], this study did not include patients with severe chronic obstructive pulmonary disease or other respiratory diseases. The impact of history of surgery or chronic lung disease on the surgical field was unclear in this study.

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References

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