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LETTER TO THE EDITOR

Comment to: Laparoscopic versus hybrid approach for treatment of incisional ventral hernia: a prospective randomized multicenter study of 1-month follow-up results. Ahonen-Siirtola M, Nevala T, Vironen J et al

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To the Editor,

I read with great interest the article by Ahonen-Siirtola et al. in a recent issue of the journal [1]. The authors performed a randomized study involving 193 patients undergoing treatment for incisional ventral hernia repair and concluded that patients in the hybrid repair group had higher pain scores on the first postoperative day compared to the laparoscopic group. The authors should be applauded for performing a well-designed multicenter study in an important topic (e.g., acute pain) in patients undergoing surgery [2, 3]. The need to improve postoperative recovery by reducing moderate/severe postoperative pain makes the topic very important in hernia surgery [4, 5].

Although the study of Ahonen-Siirtola et al. was well conducted, there are several critical points that need to be clarified by the authors to determine the validity of their findings. First, it is unclear if the patients received the same intraoperative and postoperative analgesics as this has the potential to affect the results. It is possible that patients in the laparoscopic group received more analgesics and had, therefore, less pain than the hybrid group. Second, the authors evaluated multiple outcomes but it appears that they did not correct their analysis to avoid a type I error. Last, it is not clear who collected the postoperative data. It is known that pain scores collected by clinical nurses are not reliable for analgesic studies.

I would welcome comments by the authors as this would further support the findings of this important clinical study.

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Compliance with ethical standards

Conflict of interest The author declares that no conflict of interest exists.

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