Reply to the letter: Evaluation of hyoscine *N*-butyl bromide efficacy on the prevention of catheter-related bladder discomfort after transurethral resection of prostate: a prospective randomized, double-blind control trial

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Editor,

First, we appreciate the writer who has read our article with interest. With regard to the queries raised in the letter “Evaluation of Hyoscine *N*-butyl Bromide Efficacy on the Prevention of Catheter-Related Bladder Discomfort after Transurethral Resection of Prostate: A Prospective Randomized, Double-Blind Control Trial,” we would like to provide some explanation and clarifications.

What we have considered about the title was the effect of Hyoscine *N*-butyl Bromide on the prevention of the discomfort which was experienced by the patients after transurethral resection of the prostate (TURP), so we have administered the Hyoscine *N*-butyl Bromide exactly before the extubation of the patients. But, what you have precisely mentioned here is completely correct and it seems that it would be better choosing the word ‘alleviation’ instead of prevention.

The hypothesis of this project was evaluating the discomfort of the patients in real situation and solving their existing problem, a situation which we faced with in the hospital with real patients. We did not schedule for laboratory condition and precisely for this reason we administered the placebo for the control group. Despite the existence of the mentioned

half-lives for fentanyl and midazolam, the patients experienced discomfort. This shows that the duration of action of these drugs could not cover the discomfort after transurethral resection of prostate. Sedation scoring is not a routine action in patients after anesthesia; at least we are not aware of any validated standard sedation score which could be used as a sedative score in operation room. Usually, the sedation score is used in the ICU and we would appreciate it if you could introduce us to one. Regarding the effect of GA which was stated in the letter, we should mention again that this study is performed in a practical condition and the target of this project is to reveal the discomfort of patients in real and local post-anesthesia care unit, not in the laboratory.

In the last paragraph of the method, we have mentioned the dose and intervals of the meperidine injection and in the result part (Table 2), the final dose which any patient received is stated so that the article reader could understand the number of injections.

Three-way catheter fr 22 silicone type was used for all patients, and inflated with 30 cc (10 cc in the article is a mistyping) distilled water.

For all patients, urethral dilatation till fr 28 was done and then resectoscope fr 27 (continuous irrigation, wolf industry) was used and the factors which could induce pain are in common for all the patients.

Oxybutynin and other treatments which were mentioned in the introduction part are not proved as a standard of care medication. Moreover, since we have administered other sedative and analgesic drugs, the study did not have any ethical problem regarding the ethics committee of Shiraz University of Medical Sciences. In addition, we had assured the patients that they would have received the rescue drugs in case of any discomfort.

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