A NRS score of >4 and patient satisfaction with postoperative analgesia. In these cases, we cannot determine whether slight between-group differences in maximum and mean NRS pain scores are clinically significant.

Second, oral morphine milligram equivalents (MMEs) of opioid consumption for pain control on each postoperative day were significantly lower in patients receiving PSPBs compared to control patients, but their net between-group differences were <1, which is significantly smaller than the recommended minimal clinically important difference of a 1.5 NRS score reduction.5 Furthermore, this study did not assess and compare the occurrence of moderate to severe postoperative pain with a NRS score of >4 and patient satisfaction with postoperative analgesia. In these cases, we cannot determine whether slight between-group differences in maximum and mean NRS pain scores are clinically significant.

In a retrospective study including 281 opioid-naïve patients who underwent cardiac surgery via median sternotomy, Harloff and colleagues1 showed that the addition of continuous bilateral ultrasound-guided parasternal subpectoral plane blocks (PSPBs) to a multimodal analgesia strategy improved postoperative analgesia and significantly decreased opioid consumption. Given that the enhanced recovery after surgery protocols and the eventual goal of limiting postoperative opiate prescriptions are increasingly emphasized in current practice, their findings have potential implications. However, we have several questions about their methodology and results.

First, maximum and mean numeric rating scale (NRS) scores at each postoperative day were significantly lower in patients receiving PSPBs compared to control patients, but their net between-group differences were <1, which is significantly smaller than the recommended minimal clinically important difference of a 1.5 NRS score reduction.2 Furthermore, this study did not assess and compare the occurrence of moderate to severe postoperative pain with a NRS score of >4 and patient satisfaction with postoperative analgesia. In these cases, we cannot determine whether slight between-group differences in maximum and mean NRS pain scores are clinically significant.

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