



## Author reply: Letter to editor on the effect of corticosteroid on postoperative early pain, renal colic and total analgesic consumption after uncomplicated and unstented ureteroscopy: a matched-pair analysis by Mark C. Kendall

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Dear Editor,

We would like to thank to Dr. Kendall for his thoughtful and insightful comments regarding our study [1]. Dr. Kendall mentioned that there are some questions that need to be clarified [2]. I appreciate the comments and questions and hope that the answers provided will help address any concerns.

Dr. Kendall raises the concern of standardization of intraoperative analgesics, which may have a significant effect on postoperative outcome regarding pain. At our institution, anesthesiologists follow a standard intraoperative analgesia protocol for all ureterorenoscopy procedures. Our anesthesiologists give routinely intraoperative opioid (Remifentanyl) to all ureterorenoscopy patients. Actually, we do not expect of opioids given to patients of both group will change the statistical results. However, we gave diclofenac sodium (p.o.) and alpha blockers preoperatively to some patients as medical expulsive therapy to reduce requirement of ureterorenoscopy procedure. This may significantly affect the preoperative (basal) pain scores of our patients. When we reviewed our patients' data, we observed similar medical expulsive therapy rate for two groups (25 and 27.7% for group I and group II, respectively). In our study, mean preoperative pain scores for both group were statistically similar ( $p = 0.77$ ).

Another question of Dr. Kendall is about our patients received intraoperative dexamethasone whether or did not.

We did not give intraoperative dexamethasone. As mentioned in the discussion section of our article, dexamethasone is one of the long-acting corticosteroid. Long-acting corticosteroids have higher risk in term of permanent side effect such as adrenocortical insufficiency compared with short-acting corticosteroid [3]. On the other hand, methylprednisolone is used routinely at many clinic in our country to prevent postoperative edema at surgical area. Based on these, we preferred to give methylprednisolone to our patients.

Finally, I agree with Dr. Kendall regarding the statistical analysis.

### Compliance with ethical standards

**Conflict of interest** I declare that they have no conflict of interest.

### References

1. Hamidi N, Ozturk E, Yikilmaz TN, Atmaca AF, Basar H (2018) The effect of corticosteroid on postoperative early pain, renal colic and total analgesic consumption after uncomplicated and unstented ureteroscopy: a matched-pair analysis. World J Urol 2:1–6. <https://doi.org/10.1007/s00345-018-2210-1>
2. Kendall Mark C (2018) Comment on: “The effect of corticosteroid on postoperative early pain, renal colic and total analgesic consumption after uncomplicated and unstented ureteroscopy: a matched-pair analysis”. World J Urol. <https://doi.org/10.1007/s00345-018-2324-5>
3. Dora L, Alexandra A, Leanne W et al (2013) A practical guide to the monitoring and management of the complications of systemic corticosteroid therapy. Allergy Asthma Clin Immunol 9:30

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