



Objectivity Is Always Questioned In Pain Studies

Abdullah Sisik¹  · Hasan Erdem²

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Dear Editor,

I would like to thank to the author of the letter titled “The need to control for confounding factors on analgesic studies involving bariatric patients” commented on our paper for their contribution to our article. In the related letter, it was stated that the total amount of opioids administered intraoperatively to each group was not specified, but in the paper, it was mentioned that “at the end of the resection, 150 µg of fentanyl, 100 mg of paracetamol (Parol[®], ATABAY), and 100 mg of tramadol hydrochloride (Contramal[®], ABDI IBRAHIM) were administered to all patient for analgesia.”. Since the number of patients in the local and non-local group was the same, I would like to state that the total amount of opioids applied to both groups was equal.

Second, the adjusted *P* value is the smallest familywise significance level in which a specific comparison will be declared statistically significant as part of the multiple compari-

son test. In this study, we performed sample size analysis in confidence interval of 95% to reduce type I errors.

Finally, I agree that biases may occur in analgesic studies where data collection is performed by nurses. However, in our study, the patients’ VAS scale was explained in detail to all patients by the authors of the study preoperatively, and this was stated in the article. In this way, it was aimed to keep bias at minimum level.

Again, I would like to thank to the author of the letter for these valuable comments.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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✉ Abdullah Sisik
abdullahsisik@gmail.com

Hasan Erdem
opdrhe@gmail.com

¹ Umraniye Education and Research Hospital, General Surgery Department, University of Health Sciences, Elmalikent Mah, Adem Yavuz Cad. No: 1 Umraniye, Istanbul, Turkey

² Istanbul Obesity Surgery, General Surgery Department, Istanbul, Turkey