Evaluation of analgesic effects and hemodynamic responses of epidural ropivacaine in laparoscopic abdominal surgeries: A randomized control trial

We thank the authors for their interest in this article. The role of epidural analgesia in reducing the risk of pulmonary aspiration has been established[1] and in the reduction of postoperative ileus as per the earlier Enhanced Recovery After Surgery (ERAS) guidelines.[2] We regret the error in the reference provided. In the meta-analysis by Guay,[3] both laparoscopic and open abdominal surgeries were included. While epidural administration reduces pain in both open and laparoscopic surgeries, return of bowel function was largely in open surgery and reduction in the length of hospital stay was seen only in open surgery, leaving its utility in laparoscopic surgery unanswered. Yanagimoto's[4] study suggests the positive impact of epidural administration in laparoscopic surgeries. These were added to highlight the conflict on the positive impact of an epidural in laparoscopic surgeries; and other references for and against have been included in the manuscript. The lack of blinding could have been mentioned in the limitations and we regret the oversight. We were unfamiliar with paravertebral blocks or erector spinae catheters at the time of this study and documentation of time to bowel recovery was not clearly defined. We also believe that pain occurs at different points of surgery besides pneumoperitoneum, and adjuvant agents could be used at the discretion of the anesthesiologist.

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Conflicts of interest
There are no conflicts of interest.

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