

The authors (in the cited study)^[3] have clearly explained the methods of aerosol drug delivery used to administer pulmonary morphine and fentanyl and concluded that both amount and rate of bioavailability of aerosolised drug pulmonary administration depend on aerosolised particle size. We performed a clinical study and particle size of nebulised fentanyl was not measured while reader has suggested that particle size of 8–10 μ m is more efficacious for pulmonary aerosol drug delivery.

The insight by Mather *et al.* on pulmonary drug administration will help in future studies based on particle size of aerosolised drug. We are thankful to the author for correction of our citation.

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Response to comments: Nebulised fentanyl for post-operative pain relief, a prospective double-blind controlled randomised clinical trial

Sir,

We are grateful to Mather (Reference of article IJA_673_13)^[1] for his critical analysis of our paper on post-operative nebulised fentanyl^[2] and we offer our views on his comments.

The reader has commented that their study was performed with pharmacokinetic aims, on healthy volunteers and reached similar conclusion using morphine.^[3,4] We studied differences in the onset of therapeutic effect of nebulised and intravenous fentanyl.

REFERENCES

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