Author's reply

Korean J Pain 2020;33(3):288-289
https://doi.org/10.3344/kjp.2020.33.3.288
pISSN 2005-9159 eISSN 2093-0569

Yeliz Şahiner[1], Özgür Yağan[1], Arzu Akdağlı Ekici[1], Musa Ekici[2], and Emre Demir[3]

[1]*Department of Anesthesiology and Reanimation, Hitit University School of Medicine, Erol Olçok Training and Research Hospital, Çorum, Turkey,*
[2]*Department of Urology, Hitit University School of Medicine, Erol Olçok Training and Research Hospital, Çorum, Turkey*
[3]*Department of Biostatistics, Hitit University School of Medicine, Çorum, Turkey*

We would like to contribute to the recent critique responding to our article titled "The effect of atropine in preventing catheter-related pain and discomfort in patients undergoing transurethral resection due to bladder tumor: a prospective, randomized, controlled study" [1]. First, we also would like to thank our colleagues for their valuable contributions.

Traditionally, the therapeutic effects and side effects of medications in clinical use are very well known. However, unexpected adverse effects are also a possibility, even for drugs known to be "the safest". Some new medicines introduced into clinical use have also been discontinued due to their unanticipated side effects. Atropine, however, is not a recently developed medication, and it has been routinely used in practical anesthesia for decades [2].

With its muscarinic effects, atropine has long been used in clinical practice [2]. Currently, the use of atropine as premedication has been abandoned due to its effects on the central nervous system. In our study, atropine was also intraoperatively administered, and no patient received it outside the operating room [1]. Thus, we did not observe any side effects. As we stated in the materials and methods section, all participating patients were examined preoperatively, and their clinical cardiac statuses were evaluated, and the patients with previously known or symptomatic heart failure and arrhythmia were excluded [1].

For this reason, no side effects were observed in any patient, postoperatively, either. As we mentioned in our study, high risk-group medications, such as atropine, must be administered only in risk-free conditions where emergency personnel and equipment i.e. anesthesiologists and anesthetists are available, and patients are monitored in the operating room [1].

We absolutely considered a probable urinary retention effect from atropine during the planning stage, before starting the study. In our clinic, patients receive urinary catheters for a minimum of 72 hours during the postoperative period after the transurethral resection of bladder tumor surgeries. Thus, our study consisted of only patients with urologic diseases. Most patients receive a urinary catheter and the following sense of irritation adversely affect the patient comfort during the post-operative period [3,4]. We remarked on this issue thoroughly in our article.

The effect of atropine will last up to post-operative 6 hour, maximally [2]. Thus, in the planning phase of our study, we planned a 24-hour pain follow-up for this sort acting drug. We did not continue the follow-ups since we had concluded that pain follow-ups in the post-operative 2nd and 3rd days, when the effects of atropine and sugammadex had already worn off, would not provide any help to the aim of the study. During the post-op 24 hours, no severe catheter-related bladder discomfort (CRBD) had been observed in either group in the patients' CRBD follow-ups. In the article, incidence and severity of CRBD in patients are given in detail [1].

We appreciate your interest and valuable comments on our article.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

FUNDING

No funding to declare.

Author contributions: Yeliz Şahiner: Writing/manuscript preparation; Özgür Yağan: Writing/manuscript preparation; Arzu Akdağlı Ekici: Writing/manuscript preparation; Musa Ekici: Investigation; Emre Demir: Methodology.

ORCID

Yeliz Şahiner, https://orcid.org/0000-0002-5377-3870
Özgür Yağan, https://orcid.org/0000-0003-1596-1421
Arzu Akdağlı Ekici, https://orcid.org/0000-0001-7219-3145
Musa Ekici, https://orcid.org/0000-0002-9155-4126
Emre Demir, https://orcid.org/0000-0002-3834-3864

REFERENCES

1. Şahiner Y, Yağan Ö, Akdağlı Ekici A, Ekici M, Demir E. The effect of atropine in preventing catheter-related pain and discomfort in patients undergoing transurethral resection due to bladder tumor; prospective randomized, controlled study. Korean J Pain 2020; 33: 176-82.
2. Higgins ST, Lamb RJ, Henningfield JE. Dose-dependent effects of atropine on behavioral and physiologic responses in humans. Pharmacol Biochem Behav 1989; 34: 303-11.
3. Dreijer B, Møller MH, Bartholdy J. Post-operative urinary retention in a general surgical population. Eur J Anaesthesiol 2011; 28: 190-4.
4. Nieder AM, Meinbach DS, Kim SS, Soloway MS. Transurethral bladder tumor resection: intraoperative and postoperative complications in a residency setting. J Urol 2005; 174: 2307-9.

Received June 12, 2020, **Revised** June 12, 2020, **Accepted** June 15, 2020

Handling Editor: Francis Sahngun Nahm

Correspondence
Yeliz Şahiner
Department of Anesthesiology and Reanimation, Hitit University School of Medicine, Erol Olçok Training and Research Hospital, Inonu Cad, No. 176, Çorum 19040, Turkey
Tel: +90364 2221100, Fax: +90364 2193000
E-mail: yelizsahiner@gmail.com