

# Author Response: Oxygen Delivery Devices in Postoperative Patients: Proper Selection of Patients Matters!

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## Dear Editor,

We thank Dr Bhattacharya et al. for their enlightening remarks and interest in our research.<sup>1</sup>

In our study, the choice of oxygen delivery vehicle (ODV) was random using the sealed envelope method. The low mean partial pressure of oxygen (PaO<sub>2</sub>) in the noninvasive ventilation (NIV) group is purely incidental. The difference between the mean values of the groups was analyzed using the analysis of variance (ANOVA) test, which showed a *p*-value of 0.994 (after ODV), which was statistically nonsignificant.<sup>2</sup>

We agree that the risk of postoperative hypoxemia is higher with surgeries involving incision closure to the diaphragm. Considering that concern, we excluded patients with post-thoracotomy and lung surgeries from our study. Although in this open-labeled randomized trial, the distribution of aged patients was incidentally higher in the NIV group than the venturi mask group, the overall age distribution was comparable among the three groups (*p* = 0.214).

Instead of assessing pain through the visual analogue scale (VAS) score, we analyzed the patient's compliance with the ODV and ease of communication by COMFORT score.<sup>1</sup> Lower scores indicated more comfort and better communication. Hence, the sedative effect of narcotic analgesics, leading to reduced ventilatory effort, can be overruled. We have also mentioned in the limitations that the evaluation of the patient's discomfort was based on subjective measures.

We excluded patients with associated comorbidities like chronic obstructive pulmonary disease (COPD) or any other restrictive lung diseases that increase the chances of postoperative pulmonary complications. Such patients were not included in our trial to avoid any adverse outcomes.

As the study was an open-labeled and unmasked trial, selection bias and performance bias were mitigated by using a sealed envelope method of randomization with minimal predictability.<sup>3,4</sup>

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