

Comments on published article: Erector spinae plane block and transversus abdominis plane block for postoperative analgesia in cesarean section: A prospective randomized comparative study

Dear Editor,

We read with interest the article published in the Journal of Anaesthesiology Clinical Pharmacology (Issue 2, 2020).^[1]

We wish to highlight a few points:

1. VAS was assessed at 0, 2, 4, 6, 12, 24, 36 and 48 hours postoperatively and 75 mg diclofenac was considered for postoperative analgesia at VAS ≥ 4 by the authors. It is pertinent to mention that when VAS has been assessed at these particular hours, each time diclofenac cannot be given if required because it exceeds the daily dose. There should have been some lockout interval for diclofenac. In addition, during lockout interval, some other postoperative analgesia should have been chosen if required. It is also pertinent

to mention that 3 patients have required 5 doses of diclofenac and 21 patients required 4 doses in TAP group

2. Sample size of the study needs consideration. First, if it was a time-bound study, there was no need to mention the sample size of 53 patients per group. Second, as the sample size has been mentioned as 53 patients per group with the power of 80%, so enrolling 30 patients in each group weakens the power of the study significantly.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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Reference

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