

Methodological Considerations in the Evaluation of Ciprofol's Effect on Postoperative Delirium in Elderly Patients [Response to Letter]

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Dear editor

First and foremost, we would like to express our gratitude to Drs. Lu and Cai for their careful review of our article and the provision of valuable comments. Below, we address these queries point by point:

1. During the patient inclusion process, we excluded individuals with severe cardiovascular, cerebral, or pulmonary diseases. All included patients were free from severe cardiovascular, cerebral, or related complications; therefore, we did not conduct a detailed comparison of medical histories—including a history of coronary artery disease, atrial fibrillation, or stroke—across groups. We did, however, compare the mean arterial pressure (MAP) and heart rate (HR) of the two patient groups at the time of admission, and no statistically significant differences were observed between them. Nerve block procedures for both groups were performed by the same experienced anesthesiologist under ultrasound guidance. Additionally, a standardized postoperative analgesic regimen was administered to all patients in both groups, resulting in a low incidence of postoperative pain. Pain is recognized as a contributory factor in the development of postoperative delirium. However, in this study, both patient groups received a more intensive analgesic regimen, and no significant intergroup difference in postoperative pain was observed during follow-up assessments. We did not collect data on pain scores because we considered that ciprofol does not have an analgesic effect.
2. We acknowledge that our research on the predictive value of SIRT3 is currently in the initial exploratory stage. Consequently, in the sections of our article discussing conclusions and limitations, we explicitly note the small sample size of our study and emphasize the need for future multi-center investigations with larger sample sizes to validate our findings. In the experimental design phase, SIRT3 was treated as a probabilistic indicator. Thus, our initial analysis focused solely on investigating the correlation between SIRT3 and the occurrence of postoperative delirium (POD). During this preliminary exploratory stage, we did not prioritize examining the relationship between SIRT3 expression levels and the severity of POD. However, this relationship will be a key focus of our subsequent studies.
3. During the pre-test phase of our research, we observed that patients undergoing this surgical procedure were typically discharged on postoperative days 4–5. This clinical constraint prevented us from extending follow-up to postoperative day 7. Additionally, we determined that telephone follow-up would not yield the same reliability as on-site follow-up and carried a higher risk of patient attrition (loss to follow-up). For these reasons, we limited our follow-up period to postoperative day 3. We recognize that this decision may have resulted in the omission of some positive POD cases, and this limitation is explicitly acknowledged in our article.

Disclosure

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