


Methodological Considerations in Combined Pudendal Nerve Block and Wrist-Ankle Acupuncture for Postoperative Analgesia After Perianal Abscess Surgery [Letter]

Cheng-Wei Lu ^{1,2}, Kuo-Chen Chang¹

¹Department of Anesthesiology, Far Eastern Memorial Hospital, New Taipei, 220, Taiwan; ²Department of Mechanical Engineering, Yuan Ze University, Taoyuan, 320, Taiwan

Correspondence: Cheng-Wei Lu, Department of Anesthesiology, Far Eastern Memorial Hospital, 21, Section 2, Nan-Ya South Road, Banqiao District, New Taipei, 220, Taiwan, Tel +886 2 89667000, ext. 2383, Fax +886 2 23680782, Email drluchengwei@gmail.com

Dear editor

We read with interest the randomized controlled trial by Zhang et al¹ evaluating ultrasound-guided pudendal nerve block (PNB) combined with wrist-ankle acupuncture for postoperative analgesia after perianal abscess surgery. The authors should be commended for investigating a clinically relevant strategy to improve pain control after anorectal surgery. Their results suggest that the combined approach was associated with lower postoperative pain scores, longer analgesic duration, reduced rescue analgesia, and better sleep quality than either intervention alone. Several methodological issues, however, merit further consideration.

First, the main outcomes were largely subjective, including pain scores, sleep quality, and patient satisfaction, yet the manuscript does not clearly describe blinding of participants, care providers, or outcome assessors. In addition, no sham control was used for the acupuncture component. This is relevant because studies of pain interventions, particularly those involving acupuncture, are susceptible to expectation and observer-related bias.^{2,3} Although participant blinding may be difficult in this setting, blinded outcome assessment and the use of an appropriate sham procedure would have strengthened internal validity.

Second, there appears to be an inconsistency in the reported study timeline. The abstract states that enrollment occurred between January 2023 and June 2024, whereas the Methods section indicates that the trial was conducted between January and December 2024. The reported registration number also raises the question of whether registration preceded patient enrollment, although the manuscript does not explicitly clarify this point. Because prospective registration and consistency between protocol and final reporting are important safeguards in randomized trials, clarification would be helpful.^{4,5}

Third, the timing of the two interventions complicates interpretation of the early analgesic findings. PNB was performed at the end of surgery, whereas wrist-ankle acupuncture was initiated 6 hours postoperatively. Accordingly, the 6-hour pain assessment may primarily reflect the effect of the nerve block rather than a true combined effect. A design with more closely aligned intervention timing, or a prespecified analysis separating early and later postoperative periods, would better clarify whether the benefit was additive or sequential.

Overall, this study provides encouraging preliminary evidence for combining PNB with wrist-ankle acupuncture after perianal abscess surgery. Further clarification regarding blinding, study chronology, and intervention timing would strengthen confidence in the findings and improve interpretation of the reported treatment effect.

Funding

There is no funding to report.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Zhang CYJ, Feng L, Zhao X, Tang P. Optimizing postoperative analgesia after perianal abscess surgery using ultrasound-guided pudendal nerve block combined with wrist-ankle acupuncture: a randomized controlled trial. *J Pain Res.* 2026;19:1–13. doi:10.2147/JPR.S592180
2. Mu J, Furlan AD, Lam WY, Hsu MY, Ning Z, Lao L. Acupuncture for chronic nonspecific low back pain. *Cochrane Database Syst Rev.* 2020;12(12):Cd013814. doi:10.1002/14651858.Cd013814
3. Colagiuri B, Smith CA. A systematic review of the effect of expectancy on treatment responses to acupuncture. *Evid Based Complement Alternat Med.* 2012;2012:857804. doi:10.1155/2012/857804
4. Schulz KF, Altman DG, Moher D. CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. *Trials.* 2010;11:32. doi:10.1186/1745-6215-11-32
5. De Angelis C, Drazen JM, Frizelle FA, et al. Clinical trial registration: a statement from the International Committee of Medical Journal Editors. *N Engl J Med.* 2004;351(12):1250–1251. doi:10.1056/NEJMe048225

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Journal of Pain Research 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Journal of Pain Research editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Journal of Pain Research

Publish your work in this journal

The Journal of Pain Research is an international, peer reviewed, open access, online journal that welcomes laboratory and clinical findings in the fields of pain research and the prevention and management of pain. Original research, reviews, symposium reports, hypothesis formation and commentaries are all considered for publication. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/journal-of-pain-research-journal>

Dovepress
Taylor & Francis Group