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Comment on "Intravenous Lidocaine Compared with Quadratus Lumborum Block on Postoperative Analgesia Following Laparoscopic Renal Surgery: Protocol for a Randomized Noninferiority Trial" [Letter]

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Dear editor

We read with great interest the study protocol by Guo-Han Zhu et al[1] that outlines a randomized noninferiority trial comparing intravenous lidocaine with QLB for postoperative analgesia in patients undergoing laparoscopic renal surgery. This study is timely and relevant, as it aims to optimize pain management strategies in the field of renal surgery. The protocol's focus on a clinically significant outcome, cumulative sufentanil consumption, is commendable. This primary outcome, along with the multimodal assessment of pain intensity, rescue analgesic use, and quality of recovery, provides a comprehensive evaluation of the analgesic effects and potential side effects of the interventions.

Firstly, the randomization process and the blinding of patients and outcome assessors are appropriately described. However, the lack of blinding for anesthesiologists and surgeons could introduce bias, particularly in the assessment of pain and other subjective outcomes. It would be beneficial if the authors could address how they plan to minimize this potential bias.

Secondly, the dosage of lidocaine is based on previous studies and pilot observations. While this approach is reasonable, the optimal dosage for patients undergoing laparoscopic renal surgery may require further validation. It would be valuable if the authors could discuss any plans to adjust the dosage based on the trial's interim analysis.

Additionally, the study's generalizability may be limited due to its single-center design. The authors might consider whether the study's findings are likely to be applicable in different clinical settings. While the study monitors for local anesthetic toxicity and muscle weakness, it does not mention the monitoring of other potential side effects of lidocaine, such as cardiovascular effects. A comprehensive safety monitoring plan would be important to ensure patient safety.

In conclusion, the study by Zhu et al represents a valuable addition to the literature on postoperative pain management. Addressing the areas mentioned above could further strengthen the study's methodology and the validity of its conclusions. We look forward to the results of this trial and believe they will contribute to the evidence base for improving patient outcomes following laparoscopic renal surgery.

Disclosure

The authors report no conflicts of interest in this communication.

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Reference

1. Zhu GH, Hu J-H, Zhuang M-Y, et al. Intravenous lidocaine compared with quadratus lumborum block on postoperative analgesia following laparoscopic renal surgery: protocol for a randomized noninferiority trial. *J Pain Res*. 2024;17:3411–3417. doi:10.2147/JPR.S473924

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