

REPLY

We greatly appreciate the editor's insight and supportive comments. As the editorial mentions, and is stated in our discussion, we definitely agree that there has been a changing trend in technique for radical prostatectomy from open surgery to both robotic and laparoscopic approaches.¹⁻⁵ Similar changes have been made in postoperative pain management. Although effective, the administration of opioids is associated with a number of side effects. Recent studies have emphasized the beneficial effects of procedure-specific multimodal "opioid-sparing" analgesic techniques.⁶

As stated in the editorial comment, although there is a statistically significant difference in pain scores between the two study groups, the clinical difference is likely not that great. The measurement of pain is important and the level of pain intensity is also critical in that it determines whether pain is sufficient enough to require analgesics.⁷ However, the primary outcome measure was patient-controlled analgesia (PCA) tramadol consumption in patients who underwent radical retroperitoneal prostatectomy under general anesthesia. As expected, the primary endpoint was achieved, and our study is the first to show the benefit of bupivacaine infiltration and intramuscular diclofenac on PCA tramadol consumption. We share the same opinion as the editors that future studies need to examine longer-term benefits of our multimodal approach.

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