

Reply to “Is neostigmine safe and effective for neuromuscular blockade reversal in patients recovering from general anesthesia?”

Wentao Ji, Xiaoting Zhang, Lulong Bo

Faculty of Anesthesiology, Changhai Hospital, Naval Medical University, Shanghai, China

Correspondence to: Lulong Bo. Faculty of Anesthesiology, Changhai Hospital, Naval Medical University, Shanghai 200433, China.

Email: bartbo@smmu.edu.cn.

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We thank Wu *et al.* (1) for the interest in our study that aimed to investigate the efficacy and safety of neostigmine for neuromuscular blockade reversal in patients under general anesthesia via meta-analysis (2). They raised two valuable comments.

Firstly, we performed a sensitivity analysis by removing Xu *et al.*'s study (3) which had the most influence on the overall pooled estimates. As we noted that, the I^2 statistic was decreased from 92% to 86%. We also presented the overall pooled mean difference (MD) of length of stay in the post-anesthesia care unit (PACU), which was changed from

-17.73 to -18.58, still indicating a significant difference.

Secondly, Yao *et al.*'s study (4) was mistakenly enrolled into the subgroup of dosage ≥ 40 $\mu\text{g}/\text{kg}$. We have reanalyzed the data and the new pooled results were shown in *Figure 1*. Based on the dosage of neostigmine, compared to that in the control group, the length of PACU stay was significantly shortened in both the neostigmine ≥ 40 $\mu\text{g}/\text{kg}$ (MD = -19.91; 95% CI: -27.73 to -12.09; $P < 0.0001$; $I^2 = 91\%$) and neostigmine < 40 $\mu\text{g}/\text{kg}$ (MD = -16.03; 95% CI: -26.51 to -5.55; $P = 0.003$; $I^2 = 83\%$) groups. The results did not change the conclusion of our meta-analysis.

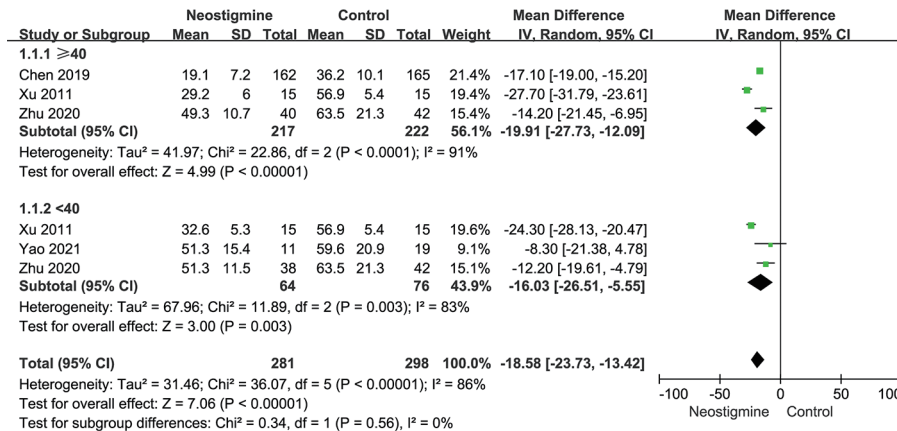


Figure 1 Forest plots of the length of stay in the PACU. PACU, post-anesthesia care unit.

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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