

reference	participants' characteristics	intervention group/ control group	outcomes	critical appraisal/ conclusion																																																																																																													
<p>Senard et al. 2010 Effect of celecoxib combined with thoracic epidural analgesia on pain after thoracotomy. Br J Anaesth. 2010 Aug;105(2):196-200</p>	<p>inclusion criteria - ASA physical status II–III - age >18 yrs exclusion criteria - age <18 yrs - renal or hepatic insufficiency - allergy to NSAIDs or aspirin - asthma - history of chronic pain - recent gastroduodenal ulcer - coagulopathy - use of opioids, NSAIDs, or steroids in the 10 days before surgery demographic data:</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> </tr> </thead> <tbody> <tr> <td>age (yr)</td> <td>59 [19–79]</td> <td>59 [37–78]</td> </tr> <tr> <td>weight (kg)</td> <td>70 (12)</td> <td>67 (14)</td> </tr> <tr> <td>-sex ratio (m/f)</td> <td>11/7</td> <td>12/6</td> </tr> <tr> <td>-ASA II/III</td> <td>6/12</td> <td>7/11</td> </tr> <tr> <td>-intraoperative remifentanyl (mg)</td> <td>2.3 (0.9)</td> <td>2.5 (1.0)</td> </tr> <tr> <td>-type of surgery: lobectomy/pneumectomy</td> <td>14/4</td> <td>14/4</td> </tr> </tbody> </table> <p>patient flow and follow up: total patient number included: n=40 randomised in: group C: 20 group P: 20 excluded: group C: 2 group P: 2 analysed: 36 follow-up: Pain scores at rest and during coughing and mobilisation measured on a 100 mm VAS on admission to the PACU, 4 h after surgery and three times a day on postoperative days 1 and 2.</p>		C	P	age (yr)	59 [19–79]	59 [37–78]	weight (kg)	70 (12)	67 (14)	-sex ratio (m/f)	11/7	12/6	-ASA II/III	6/12	7/11	-intraoperative remifentanyl (mg)	2.3 (0.9)	2.5 (1.0)	-type of surgery: lobectomy/pneumectomy	14/4	14/4	<p>intervention prior to anaesthesia - group C (celecoxib group): PO celecoxib 200 mg, the evening before surgery, the morning before surgery, then twice a day for 48 h - group P (control group): placebo same method mode of anaesthesia - remifentanyl 0.2 µg/kg/min - TEA: 5 mL ropivacaine 0.25% before the induction, continuous infusion of 5 mL/h during surgery - additional bolus of 5 mL at chest closure surgical approach - lung surgery with posterolateral thoracotomy postoperative analgesia: PCEA: ropivacaine 0.2% and sufentanil 0.5 mg/mL, continuous 3 mL/h, bolus 3 mL, lo 20 min additional analgesia: - 2 g IV propacetamol/6 h rescue analgesia: If VAS >3, IV tramadol 100 mg/6 h</p>	<p>postoperative pain [VAS]: VAS pain score during coughing assessed on the morning of the 1st POD - pain scores were significantly lower at rest (p=0.026) and on coughing (p=0.021) in group C total analgesic consumption - ropivacaine–sufentanil epidural solution consumption at 48 h (mL):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>268 (84)</td> <td>282 (78)</td> <td>NS</td> </tr> <tr> <td>- total tramadol consumption at 48 h (mg):</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>194 (147)</td> <td>183 (185)</td> <td>NS</td> </tr> </tbody> </table> <p>patient satisfaction at 48 h (VAS):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>85 (16)</td> <td>64 (22)</td> <td>S</td> </tr> </tbody> </table> <p>other parameters Hb decrease (preop-POD5 values) (g/100 mL):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>1.7 (1.2)</td> <td>1.3 (0.9)</td> <td>NS</td> </tr> </tbody> </table> <p>blood transfusion (n):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>0</td> <td>NS</td> </tr> </tbody> </table> <p>urea >20% (n):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>4</td> <td>3</td> <td>NS</td> </tr> </tbody> </table> <p>creatinine >20% (n):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>1</td> <td>NS</td> </tr> </tbody> </table> <p>pulmonary infection (n):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>2</td> <td>NS</td> </tr> </tbody> </table> <p>fever >38°C (n):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>2</td> <td>NS</td> </tr> </tbody> </table> <p>postoperative urinary retention (n):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>2</td> <td>2</td> <td>NS</td> </tr> </tbody> </table> <p>adverse effects/ events incidence of nausea and vomiting (n):</p> <table border="1"> <thead> <tr> <th></th> <th>C</th> <th>P</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>2</td> <td>2</td> <td>NS</td> </tr> </tbody> </table>		C	P			268 (84)	282 (78)	NS	- total tramadol consumption at 48 h (mg):					194 (147)	183 (185)	NS		C	P			85 (16)	64 (22)	S		C	P			1.7 (1.2)	1.3 (0.9)	NS		C	P			0	0	NS		C	P			4	3	NS		C	P			1	1	NS		C	P			0	2	NS		C	P			0	2	NS		C	P			2	2	NS		C	P			2	2	NS	<p>methodological shortcomings - not reported who generated the allocation sequence, who enrolled participants, and who assigned the participants to their groups, and whether any of them were aware of the group assignments - method used to implement the random allocation sequence not reported - not reported whether the sequence was adequately concealed until interventions were assigned level of evidence: 1 authors' conclusion "Celecoxib improves postoperative analgesia provided by TEA after thoracotomy"</p>
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