		outcomes	critical appraisal/ conclusion
Nesher et al. 2009 Marphine with adjuvant ketamine vs higher dose of morphine alone for immediate posthoracotomy analgesia. Chest. 2009;136(1):245-252.   inclusion criteria - first-time isolated coronary bypass - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB procedure, - if patient's surgeon considered them candidates for a MIDCAB - ASA physical status 2111 - undergone emergency surgery - Q-wave mryocardial infarct occurring during the previous 3 week - poor left ventricular function - BMI -335 kg/m <sup>2</sup> - past or current neuropathy - psychological disturbances - ucors left anomalities - chronic liver or renal failure requiring dialysis - forcing abnormalities - plate toward - 70,000/µL - WBC count - 30,000 µL - WBC count - 30,000 µL - widence of sepsis or infection up to 1 week prior to randomisati demographic data: group MO group MK p age, yr* 58 ± 2 6 1±11 0.41 weight, kg* 73±8 76±14 0.4 sex (mf)* 13/9 10/12 0.16 *Including data of the excluded patients (MO: n=2; MK: n= 1) patient flow and follow up: total patient number included: 44 randomised in: group MC: 22 group MK: 22 group MK: 21 follow-up: 0.15, 30, 45, 60, 75, 90, 105, 120, 135, 150, 165, 180, 195, 21	intervention prior to anaesthesia   - not reported   mode of anaesthesia   - fentanyl   surgical approach   - thoracotomy for minimally invasive direct coronary artery bypass or for lung tumor resection   group MO group MK p   MIDCAB/lung surgery*   7/15 6/16 0.25   Duration of surgery, h*   3.1±1.3 3.5±1.0 0.28   supplemental analgesia - 75 mg IM diclofenac, as rescue   postoperative analgesia - group MK (morphine only): IV PCA delivering 1.5 mg morphine plus salies solution   - group MK (morphine + ketamine): IV PCA delivering 1.0 mg of morphine plus a 5 mg ketamine bolus, with a 7 min lo	postoperative pain [VAS]: mean (±SD)     group MO   group MK     Maximal pain (VAS)   0.0001     5.6±1.0   3.7±0.7   0.0001     diclofenac consumption (n)   group MO   group MK   p     4   1   0.14   consumption of morphine [mg]: mean±SD   group MO group MK   p     first-hour postop   6.8±1.9   3.7±1.2   0.0001   second-hour postop   5.5±3.6   2.8±2.3   0.008     adverse effects/ events (n)   group MO group MK   p   incidence of PONV   3   1   0.24	methodused to implement the random allocation sequence not reported - not reported - not reported whether the sequence was adequately concealed until interventions were assigned - not reported how the sequence was concealed until interventions were assigned Ievel of evidence: 1 authors' conclusion "immediate (4 h) postoperative subanaesthetic doses of ketamine added to two thirds the standard dose of morphine provided equivalent analgesia with a better safety profile compared to that obtained by a standard dose of morphine alone in patients undergoing thoracotomy"