reference	participants' characteristics	intervention group/ control group	outcomes	critical appraisal/ conclusion
Behera et al. 2009 Patient-controlled epidural analgesia with fentanyl and bupivacaine provides better analgesia than IV morphine patient- controlled analgesia for early thoracotomy pain. J Postgrad Med. 2008;54(2):86-90.	inclusion criteria - ASA physical status I–II - age 20–70 yrs exclusion criteria - contraindications to regional anaesthesia - impaired ability to communicate demographic data: - group I group P age (yr) 43±12 37±10 sex (m/f) 12/3 9/6 weight (kg) 61±11 53±11 height (cm) 162±8 160±11 ASA (I/II) 12/3 11/4 patient flow and follow up: total patient number included: 34 randomised in: group I: 15 group P: 15 excluded: 4 analysed: 30 follow-up: 0, 2, 8, 12, 24 h	intervention prior to anaesthesia - not reported mode of anaesthesia - fentanyl surgical approach group I group P wedge resection 5 4 right lobectomy 2 2 left lobectomy 2 2 hydatid cyst removal 3 4 excision of mass/fungal wall 2 1 decortication 1 2 supplemental analgesia - if VAS >30 at rest, IV fentanyl 0.5 µg/kg in both groups postoperative analgesia - group P (PCEA): fentanyl 5 µg/mL + 0.125% bupivacaine - group I (IVPCA): morphine 1 mg/mL - both groups: PCA 2 mL bolus, 10 min lo	postoperative pain [VAS 0-100]: median (IQR) h group I group P p $at rest$ 30 (30-40) 30 (25-30) 0.07 2 30 (30-40) 30 (25-30) 0.221 8 30 (30-40) 25 (20-30) 0.001 12 25 (20-30) 20 (15-20) 0.005 24 30 (20-30) 20 (20-25) 0.002 during cough 0 50 (50-60) 40 (40-60) 0.096 2 50 (40-60) 40 (42-50) 0.049 8 50 (50-60) 40 (30-40) <0.001	methodological shortcomings - method used to implement the random allocation sequence not reported - not reported whether the sequence was adequately concealed until interventions were assigned - method used to generate the random allocation sequence not reported - not reported how the sequence was concealed until interventions were assigned - participant flow through each stage was not reported - dates defining the period of recruitment and follow-up not reported level of evidence: 1 authors' conclusion "PCEA using fentanyl and bupivacaine provides better pain relief both at rest and during coughing with fewer side effects, i.e. sedation, nausea/vomiting and pruritis as compared to IVPCA using morphine for post- thoracotomy pain for first 24 h"