

reference	participants' characteristics	intervention group/ control group	outcomes	critical appraisal/ conclusion																																													
<p><a href="#">Meierhenrich et al. 2011</a>  Analgesia and pulmonary function after lung surgery: is a single intercostal nerve block plus patient-controlled IV morphine as effective as patient-controlled epidural anaesthesia? A randomized non-inferiority clinical trial.  Br J Anaesth. 2011;106(4):580-9.</p>	<p><b>inclusion criteria</b>  - not reported</p> <p><b>exclusion criteria</b>  - age &lt;18 yrs  - any contraindication to TEA, intercostal nerve block, or to the use of ropivacaine, morphine, metamizole, or diclofenac  - inability to understand the pain scale or to perform a spirometry  - any type of chronic painful condition or current opioid use</p> <p><b>demographic data:</b></p> <table border="1"> <thead> <tr> <th></th> <th>group E</th> <th>group I</th> </tr> </thead> <tbody> <tr> <td>sex (f/m)</td> <td>12/33</td> <td>9/34</td> </tr> <tr> <td>age (yrs)</td> <td>64 (24–74)</td> <td>65 (28–87)</td> </tr> <tr> <td>height (cm)</td> <td>174 (158–190)</td> <td>170 (155–188)</td> </tr> <tr> <td>weight (kg)</td> <td>75 (56–108)</td> <td>76 (52–107)</td> </tr> <tr> <td>ASA physical status (I/II/III/IV)</td> <td>1/6/36/1</td> <td>2/8/33/0</td> </tr> </tbody> </table> <p><b>patient flow and follow up:</b>  <u>total patient number included:</u>  92  <u>randomised in:</u>  group E: 47  group I: 45  <u>excluded:</u>  group E: 6  group I: 3  <u>analysed:</u>  group E: 41  group I: 42  <u>follow-up:</u>  Preop, day of op, postop days 1–4</p>		group E	group I	sex (f/m)	12/33	9/34	age (yrs)	64 (24–74)	65 (28–87)	height (cm)	174 (158–190)	170 (155–188)	weight (kg)	75 (56–108)	76 (52–107)	ASA physical status (I/II/III/IV)	1/6/36/1	2/8/33/0	<p><b>mode of anaesthesia</b>  - fentanyl</p> <p><b>surgical approach (n)</b></p> <table border="1"> <thead> <tr> <th></th> <th>E</th> <th>I</th> </tr> </thead> <tbody> <tr> <td>pneumonectomy</td> <td>2</td> <td>6</td> </tr> <tr> <td>bilobectomy</td> <td>2</td> <td>2</td> </tr> <tr> <td>lobectomy</td> <td>17</td> <td>16</td> </tr> <tr> <td>segmentectomy or wedge resection</td> <td>24</td> <td>19</td> </tr> </tbody> </table> <p><b>at the end of surgery</b>  - group E (TEA): ropivacaine 1% (8 mL) initially then ropivacaine 1% (5 mL) repeated every 60 min  - group I (ICB): a total of 30 mL ropivacaine 0.75% (225 mg) injected before chest closure</p> <p><b>supplemental analgesia</b>  - oral diclofenac 75 mg every 12 h + IV metamizole 1 g every 6 h for 4 days postop  - IV morphine as rescue analgesia</p> <p><b>postoperative analgesia</b>  - group E: PCEA with 0.2% ropivacaine + sufentanil (2 mg/mL), 3 mL bolus doses with 15 min lo  - group I: morphine PCA 2 mg bolus, 15 min lo</p>		E	I	pneumonectomy	2	6	bilobectomy	2	2	lobectomy	17	16	segmentectomy or wedge resection	24	19	<p><b>postoperative pain [NRS]: median (95% CI)</b>  - median treatment differences regarding pain scores at rest failed to demonstrate non-inferiority of the intercostal nerve block at the first postoperative day.  - patients of the intercostal group reported significantly higher pain scores on coughing during the first and second postoperative days</p> <p><b>total dosage of fentanyl/remifentanil [mg]: median (range)</b></p> <table border="1"> <thead> <tr> <th></th> <th>group E</th> <th>group I</th> <th>p</th> </tr> </thead> <tbody> <tr> <td>- fentanyl (mg)</td> <td>0.5 (0.4–1.0)</td> <td>1.1 (0.5–2.0)</td> <td>0.001</td> </tr> <tr> <td>- remifentanil (mg)</td> <td>0.8 (0.0–2.7)</td> <td>1.5 (0.3–3.9)</td> <td>0.003</td> </tr> </tbody> </table> <p><b>pulmonary outcomes</b>  - there was a trend to a better preserved pulmonary function in the group E, but was not statistically significant</p> <p><b>adverse effects/ events</b>  - no significant differences in nausea, vomiting or pruritis between the groups</p>		group E	group I	p	- fentanyl (mg)	0.5 (0.4–1.0)	1.1 (0.5–2.0)	0.001	- remifentanil (mg)	0.8 (0.0–2.7)	1.5 (0.3–3.9)	0.003	<p><b>methodological shortcomings</b>  - not reported who generated the allocation sequence, who enrolled participants, and who assigned the participants to their groups  - not reported whether the sequence was adequately concealed until interventions were assigned  - dates defining the period of recruitment and follow-up not reported</p> <p><b>level of evidence: 1</b></p> <p><b>authors' conclusion</b>  “In patients undergoing lung surgery, single intercostal nerve block plus IV PCA with morphine is not as effective as patient-controlled TEA with respect to pain control and restoration of pulmonary function.”</p>
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