Secondly, we completely agree with Dr Ziemann-Gimmel that our results are not to be interpreted that untreated or unrecognized OSA is not associated with increased risk of complications. Our manuscript explicitly states this point. Our results are only applicable to those obese patients evaluated before bariatric surgery by polysomnography and their obesity-related sleeping disorder managed accordingly in the postoperative period.

**Conflict of interest**
None declared.

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**Efficacy of pregabalin in acute postoperative pain: a meta-analysis**

Editor—We read with interest the meta-analysis on the efficacy of pregabalin in acute postoperative pain.1 However, we would like to highlight some of our concerns about the study.

Although the authors have mentioned about the limitations in their study, it would have been perhaps better if they had performed a subgroup analysis on morphine consumption, depending on the different types of surgery in which pregabalin has been used, because not all operations have the same opioid requirement after operation. In the studies where intraoperative opioids have been given,2–7 the authors did not provide a subgroup analysis of whether there was a reduced requirement for intraoperative opioid in the group of patients having had preoperative pregabalin. We found it surprising that the authors chose to analyse opioid consumption where pregabalin had been administered both 1 h before operation and 12 h after operation along with studies2–5,7 in which pregabalin was only administered 1 h before operation. Certainly, these cohorts of patients would have had varying postoperative requirement for opioids.

We noted that studies have been included where intraoperative opioids,3–5,7 acetaminophen,8 and non-steroidal drugs2,4 have been given either before operation or as an infusion after operation4 and yet a subgroup analysis has not been undertaken to elicit an influence of these analgesics on the efficacy of pregabalin.

The authors did not take into consideration the use of ondansetron, droperidol, and dexamethasone,2,6 while considering the effect on postoperative nausea and vomiting of pregabalin, when all three drugs are known to reduce postoperative nausea and vomiting.9

The number of patients in the control group in Figures 3 (24 h morphine consumption), 4 (VAS postoperative pain intensity), and 7 (nausea, vomiting, dizziness and headache, and visual disturbance) have been duplicated thereby creating a unit-of-analysis error. This could have been avoided by either splitting the shared group resulting in a smaller sample size and including two or more comparisons, by combining groups to create pair-wise comparisons, or by undertaking a multiple treatment analysis.10

**Conflict of interest**
None declared.

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