**Reply to “Assessing postoperative benefits of regional blocks: an issue should be noticed”**

**To the Editor:**

We are grateful to Dr Xue and colleagues for their interest in our recent clinical trial concerning the suprainguinal fascia iliaca compartment block (SFICB) and its role in the management of postoperative analgesia after posterolateral-approached total hip arthroplasties (PLTHA).1 In our trial, we wanted to report how this peripheral nerve block (PNB) technique can be useful in reducing postoperative pain by improving functional performance after PLTHA.

We thank Xue and colleagues for giving us the opportunity to clarify and emphasize some methodological aspects of our study and we are pleased to respond to their accurate observation.2 First, in our trial, SFICB was used in the context of multimodal analgesia, including Cox-2-selective non-steroidal anti-inflammatory drugs (NSAID), acetaminophen and dexamethasone. The details of this scheme are given in Appendix 1 of our publication. As recommended by the recent PROSPECT Guidelines, not only does the evidence support the use of these molecules but recommends that trials inherent to postoperative analgesia research include multimodal schemes consistent with current clinical practice, with at least acetaminophen/NSAID/dexamethasone administration.3 In addition to preoperative NSAID and intraoperative acetaminophen and dexamethasone, all patients included in the trial received 60 mg etoricoxib once daily and acetaminophen 1 g every 6 hours postoperatively, as a complement to the Patient-Controlled Analgesia device. We acknowledge that his may have not appeared clearly enough in the Methods section of our manuscript.

We believe that further studies on postoperative analgesia and the impact of different PNB techniques on functional recovery after PLTHA are needed. In line with the comment of Dr Xue and colleagues, we do agree that further research should obviously include the new PNBs only in the context of a basic multimodal analgesia regimen consistent with the evidence reported in the most recent guidelines.3,4

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**Conflicts of interest:** None

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