

## LETTER TO THE EDITOR

### Reply to Drs. Wang et al.

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TO THE EDITOR: We appreciate the letter by Dr. Wang and colleagues (5) pointing out an apparent overstatement in our article regarding “novelty.” They are correct in that the Duffin technique is no longer novel, having been first published over a decade ago (2). Since then there have been numerous publications of its use in both normal volunteers and patients, including the excellent work of Wang et al. The intent of our recent study (1) was to determine whether ventilatory chemosensitivity testing before surgery with and without opioid can predict postoperative opioid-induced respiratory depression (OIRD) in the clinical inpatient environment. Opioids are a common mainstay of pain control in the postoperative setting but pose significant risk, as major complications of OIRD and death occur despite efforts such as patient-controlled analgesia (PCA) and continuous monitoring (3). To our knowledge, the investigation of ventilatory chemosensitivity as a risk factor for OIRD with end points measured in a clinical setting has not been done, hence our use of the word. We recognize and value the work that has preceded our study and hope that this novel application of chemosensitivity measurements may lead to a practical clinical preoperative test of chemosensitivity and improve postsurgical patient outcomes. We are excited for such work to continue and believe that future investigations

may expand to elucidate potential confounding factors in patient populations that Dr. Wang and colleagues have mentioned in their work, such as chronic opioid users (4).

#### DISCLOSURES

No conflicts of interest, financial or otherwise, are declared by the authors.

#### AUTHOR CONTRIBUTIONS

T.W.D. drafted manuscript; D.B.M., A.S., Z.A., S.B., M.C., and R.E.M. approved final version of manuscript; R.E.M. edited and revised manuscript.

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