Postoperative Gum Chewing After Gynecologic Laparoscopic Surgery: A Randomized Controlled Trial

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1. Review the causes of postoperative (gynecologic surgery) paralytic ileus and discuss the potential mechanism of action of chewing gum on bowel motility. Discuss the potential advantages of chewing gum over early feeding. A useful resource is the *UpToDate* chapter, “Postoperative Ileus.”

2. Review the investigators’ registration of the trial, found at the end of the Abstract. Compare the date of registration with the dates of enrollment of participants. Were any significant changes made over the course of the study? The registration states that the study design was single blind (outcomes assessor). What does this mean and do you agree with the designation? Compare the design for this study with the designs of similar studies in the registry.

3. Review the authors’ protocol for postoperative feeding and analgesia. Compare with your usual practice. Does any difference affect the generalizability of the authors’ findings to your patients?

4. Identify the primary outcomes used by the authors and compare with the study objective. Are these outcomes pertinent to and appropriate for the study objective? Are there better outcomes that the authors should have chosen?

5. What evidence did the authors provide to show that the outcomes assessors were masked to the treatment allocation? What evidence would you like to see?

6. The authors presented their findings with a per-protocol analysis. What alternative did they have? Do you agree with their choice? If not, would the alternative analysis yield a different conclusion?

7. Discuss the role of opioid analgesics as both a cause and an effect of diminished bowel motility in the postoperative period in this study.

8. Discuss whether the authors’ findings meet their definition (and yours) of clinically relevant improvement for the intervention group.

9. Are the authors’ observations consistent with those in published work on the same topic? Does the authors’ study provide an opportunity for improvement in our management of the postoperative patient? After reading this article, will you change your management of your postoperative patients?