OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Anesthesiology and Pain Medicine
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Peer Review Report for "Effect of Peribulbar Anesthesia with and Without Adrenaline on Retinal Thickness in Patients Undergoing Elective Cataract Surgery"

Author(s): Wael Fathy, Ahmed Taha, Sahar Ibrahim

Review Timeline:

Submit Date: 13 Dec 2019
Revised Date: 5 Mar 2020
Accepted Date: 19 Mar 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 19 Jan 2020

Dear AE,
There are some comments which should be addressed by the author:
1- The design was not correct. you should have checked the thickness of the retina in another group which has phaco surgery but with another analgesia.(topical or general anesthesia)
2- Axial resolution is not significant (OCT has an error and can not be judged by a few microns). the result is not right.
3- Display RCT flowchart.
Thanks.

REFEREE: Reviewer | **Revision** (0) — 9 Feb 2020

Dear AE,
- The design of the study is simple clear and in coherence with the journal`s law.
- The topic is somehow new and the regional field especially in ophthalmic surgery is a developing and demanding subject.The other question in method is why they did not apply

any sedation for patients comfort?

- Why the blood pressure has not been reported after the injection? as a matter of fact it is an important index .
- The tables and diagrams are comprehensive and clear to understand.
- One of the most important items to me and it does need to be better clarified is the importance of retinal thickness for ophthalmologists.
- The discussion is acceptable, the conclusion is clear enough but I think it is better to mention any complications if there are any as the study has been made for the first time in humankind.

Thanks.

REFEREE: Associate Editor | **Revision** (0) 10 Feb 2020

Dear EIC,

Based on reviewers' comments this manuscript needs some corrections.

Regards

REFEREE: EIC | **Revision** (0) 10 Feb 2020

Dear Author,

The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.

Thanks.

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Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Letter to the editor

Dear Editor in chief "Anesthesiology and Pain Medicine"

We would like to thank the reviewers for their careful review and valuable comments of our manuscript.

Here are our replies and corrections point by point.

Reviewer's comments (1) (written in the manuscript in red color):

Comment 1:

Design was not correct. You should have checked the thickness of the retina in another group which has phaco surgery but with another analgesia.(topical or general anesthesia)

Response:

We agree with the reviewer that it will be interesting to check the thickness of the retina in another group which has phaco surgery with another analgesia.(topical or general anesthesia), but the aim of our work was to study the effect of adding adrenaline to local anaesthesia with lidocaine on retinal layers thickness measured by OCT in patients indicated for elective cataract surgery.

We suspected that the vasoconstictive effect of adrenaline may affect the blood supply to the retina and consequently affects retinal thickness.

Comment 2:

Axial resolution is not significant (OCT has an error and can not be judged by a few microns).your result is not right

Response:

We used swept source OCT with high axial resolution and low error in measurement of retinal thickness (we mentioned this in the manuscript).

Comment 3:

Display RCT flowchart.

Response:

RCT flow chart was attached

Reviewer's comments (2): (written in the manuscript in blue color):

Comment 1:

The design of the study is simple clear and in coherence with the journal`s law. The topic is somehow new and the regional field especially in ophthalmic surgery is a developing and demanding subject. The other question in method is why they did not apply any sedation for patients comfort?

Response:

We didn't use sedation because it was a simple operation of short duration. Only psychological reaasurance was done (we mentioned this in the manuscript).

Comment 2:

Why the blood pressure has not been reported after the injection? as a matter of fact it is an important index.

Response:

Standard monitoring was done for all included patients (oxygen saturation, electrocardiogram, and noninvasive blood pressure measurement) before injection and blood pressure was monitored after injection (we mentioned this in the manuscript).

Comment 3:

The tables and diagrams are comprehensive and clear to understand.
One of the most important item to me and it does need to be better clarified is the importance of retinal thickness for ophthalmologist.

Response:

There is modest correlation between OCT-measured central retinal thickness and visual acuity. (Diabetic Retinopathy Clinical Research Network, Browning DJ, Glassman AR, et al. Relationship between optical coherence tomography-measured central retinal thickness and visual acuity in diabetic macular edema. *Ophthalmology*. 2007; 114 (3): 525–536. doi:10.1016/j.ophtha.2006.06.052).

Comment 4:

The discussion is acceptable, the conclusion is clear enough but I think it is better to mention any complication if there is any as the study has been made for the first time in human kind

Response:

No complications were reported in this study.

Editor's comment (written in the manuscript in green color):

For CONSORT Flowchart:

1. A brief title should be written for each Figure.
2. The Figure(s) is(are) not mentioned in the text correctly

Response:

1. We wrote a title for CONSORT Flowchart
2. We mentioned the figures in the text correctly.

We hope our reply would be satisfactory to the editor and our paper will get published in your highly esteemed journal.

Thanks,

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 19 Mar 2020

Dear AE,
I read the revised manuscript and the author has tried to respond to the majority of requested items.
Sincerely

REFEREE: Associate Editor | **Revision** (1) 19 Mar 2020

Dear EIC,
Based on reviewers' comments this manuscript was corrected and it is acceptable for publishing.
Regards

REFEREE: EIC | **Revision** (1) 19 Mar 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.