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
Article DOI: 10.5812/aapm.101815
Published in: Anesthesiology and Pain Medicine: 10(4); e101815

Peer Review Report for "Effect of General Versus Spinal Anesthesia on Postoperative Delirium and Early Cognitive Dysfunction in Elderly Patients"

Author(s): Roghayeh Ehsani, Soudabeh Djalali Motlagh, Behrooz Zaman, Saloumeh Sehat Kashani, Mohammad Reza Ghodraty

Review Timeline:

Submit Date: 12 May 2020
Revised Date: 14 Jun 2020
Accepted Date: 6 Jul 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) — 30 May 2020

Dear AE,
This study was reviewed, and it needs minor English revisions.
Thanks.

REFEREE: Reviewer | **Revision** (0) — 2 Jun 2020

Dear AE,
Clear the power of sight and hearing of the patients because their roles on the POCD are known.
There was a difference between the method part and analysis part ; in the method part,the time of the assessment with test was once after recovery room but in the analysis data there was a multiple results in different days(2 and 3 days after surgery).
It is better to explain the cause and time of the use of Lidocaine in the induction of anesthesia because it is not a necessary drug for induction.
There was no clear results about the effect of transfusion during and after surgery on the POCD despite the data information.
It is better to determines the ward of admission after surgery (ICU or orthopedic ward)

because the known role of the ICU admission on the POCD.
with respect and great thanks.

REFEREE: Associate Editor | **Revision (0)** 3 Jun 2020

Dear EIc
I have not find novelty there.
Thanks.

REFEREE: Associate Editor | **Revision (0)** 3 Jun 2020

Dear EIC,
Regional anesthesia is a very general and global concept and includes a wide range of techniques, such as spinal, epidural, CSE, local, nerve block, and so on.
- For validity of this study, the author has to select one of them, and NOT select "regional anesthesia" at the title and main text. It is a significant mistake for paper writing. Indeed, this study was conducted under spinal and NOT regional anesthesia. In this situation, what were the criteria for an indwelling epidural catheter? What was the protocol for administering drugs via catheter? Where is the data for this group, how many was only spinal, and how many received epidural catheter?
- Why they didn't assess hemodynamics which may be an important factor for the post. op delirium?
- Delete "auto-fuser pump", and i.v. PCA was enough.
- What were the criteria for infusing paracetamol?
- Where is postop? pain score? which may be important for delirium
Bleeding? transfusion?
- Authors contribution?
- Fund/grant support?
- Conflict of interest?
- However, this manuscript has a globally good scientific writing, but the main concern is to use "regional anesthesia" for "spinal anesthesia with or without epidural catheter patient." Therefore recommend changing regional anesthesia, and also, delete epidural catheter indwelling patient from this study.
Final decision: Major revision
Regards

REFEREE: EIC | **Revision (0)** 3 Jun 2020

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

OPEN PEER REVIEW

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.

Response to reviewers

Dear EIC of Anesthesiology and Pain Medicine

Thanks from the point of view of the judges and the esteemed associate editor which improved the quality of the article, according to their suggestions, the necessary changes were made in the article as follow;

Reviewer 1:
The necessary corrections were made in the English text, which is highlighted in the texts.

Reviewer 2:

- Cognitive disorders and significant hearing problems have been among the exclusion criteria for our study.
- In terms of the frequency of outcomes evaluation, there was a difference between the method and the results section. We have evaluated these for three successive days after surgery i.e. 24, 48, and 72 hours after surgery, corrected in the text.
- As written in the methods, the amount of bleeding during the operation and transfusion were among the study variables and were recorded, and in this respect, there was no significant difference between the two study groups. Mean ± SD of blood loss in two groups highlighted in the result section.
- Ten patients in each group were transferred to the ICU after surgery, and this added to the results.

Associate editor’s comments:

- The main method of anesthesia in SA group is actually intrathecal method, but in a small number of patients (6 cases) at the discretion of the anesthesiologist in charge of the patient, the combined spinal-epidural method had been selected; however in none of these patients was medication administered by epidural catheter during surgery. So in the title of the article, as well as inside the text, I changed the word "regional" to "spinal".

- Assessing the hemodynamic status of patients during the operation was one of the specific goals of the study (green highlight), and it is stated in the method section. But by comparison the two groups did not differ significantly. Also previous studies have shown that hemodynamic changes during surgery have no effect on the prevalence of postoperative cognitive impairment.(Miller Anesthesia 9th ed. Chapter 80)

- The main reason for prescribing lidocaine was to prevent pain caused by the injection of propofol.
- The term of "auto-fuser pump" was deleted.

- Paracetamol (1000 mg) is prescribed at the end of surgery in both groups to prevention and control of postoperative pain, and in the postoperative stage up to 24 hours its infusion (3000 mg) continued.
- In this study, we did not record the score of postoperative pain, but with Prophylactic use of PCA and other analgesic treatments if needed, the pain of patients managed well.
- The mean amount bleeding and transfusion was similar in two groups of study (result section).
- Author's contribution is uploaded in a separate file on the magazine's website.
- No financial or fund assistance was used to conduct this study.
- All authors declare that they have no financial, personal or potential conflict of interest.

With best regards
Mohammad Reza Ghodraty MD.
06/09/2020

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.

Mehdi Fathi: Reviewer | **Revision** (1) — 16 Jun 2020

Dear AE,
Thank you for assigning this manuscript to me for review.
The authors have edited some of the requested points, so it is acceptable for publication now.
sincerely,
Fathi

Mehdi Fathi: Associate Editor | **Revision** (1) — 6 Jul 2020

Dear EIC
Thank you for assigning this manuscript to me for review.
The authors have edited some of the requested points, so it is acceptable for publication now.
sincerely,
Fathi

REFEREE: EIC | **Revision** (1) — 6 Jul 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.