OPEN PEER REVIEW

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Anesthesiology and Pain Medicine
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Peer Review Report for "Perioperative Blocks for Decreasing Postoperative Narcotics in Breast Reconstruction"

Author(s): Ariel Clare Johnson, Salih Colakoglu, Angela Reddy, Clara Marie Kerwin, Roland A Flores, Matthew L Iorio, David W Mathes

Review Timeline:

Submit Date: 25 May 2020
Revised Date: 3 Aug 2020
Accepted Date: 7 Aug 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)

6 Jun 2020

Dear AE,
- The title was attractive however this manuscript would not add anything new to the existing literature. There are major flaws in the methodology & results.
- There is no mention what was the inclusion & exclusion criteria for the studies enrolled for the review and how the critical appraisal was performed.
- No mention of any Prisma flow chart/diagram.
Thanks.

Bardia Amirlak: Reviewer | Revision (0)

15 Jun 2020

Dear AE,
An important topic is discussed in this paper. In recent years, local anesthetic blocks and non-narcotic pain management has replaced unnecessary narcotic use in various plastic surgery procedures such as breast reconstruction. The title of the paper is “Perioperative Blocks to Decrease Postoperative Narcotics in Breast Reconstruction” and the authors states that they want to elucidate ways to decrease post-operative narcotic use in breast reconstruction. However they don’t fully deliver this in their discussion. Overall it’s a

relevant paper and warrants publication with the following suggestions:
1-At our institution, we are now using a “fast track” multimodal pain management model in flap breast reconstruction with a combination of intraoperative TAP block, IV tylenol, Celebrex, Valium and Neurontin. This model not only decreases the post-operative narcotics use but also increases patient satisfaction, decrease hospital stay and complications related to increased systolic blood pressure from post-operative pain such as hematoma. Certainly this paper will benefit from a discussion on adding non-narcotic PO and IV medication to the existing anesthetic blocks as a multimodal pain control model for breast reconstruction.
2-Authors should discuss why they didn’t conduct a pooled analysis/meta-analysis.
3-The authors mentioned, “Cosmetic and reductive breast surgery case reports, preclinical studies, and all types of reviews not providing original data were excluded unless cited for background information.” Does this mean that Cosmetic (non-case report) cases were included ?
4-If the collected data allows, the authors should attempt to differentiate between expander cases, expander implant conversion, DIEP flaps (unilateral versus bilateral) and other free and pedicled flaps as the recovery, hospital stay, and postoperative pain management requirements differ vastly between these groups. For example a serratus block may be more relevant for expander placement and TAP block would only be more relevant in DIEP. What other forms of blocks may be used for flaps such as PAP, SGAP and LAP. Lumping these together in a review paper is acceptable but further elaboration will add value to the paper.
5-The authors can elaborate more on combination of blocks to cover analgesia over whole of the chest wall, axilla and shoulder for breast reconstruction.
6-The advantage and disadvantage of Interfascial blocks over regional anesthetic techniques such as paravertebral blocks and complications such as risk of sympathetic blockade, intrathecal or epidural spread which may lead prolonged hospital stay issue is relevant enough to discuss further.
Thanks.

REFEREE: Associate Editor | **Revision** (0) 15 Jun 2020

Dear EIC,
Based on the reviewers' comments this manuscript needs some correction before publishing.
Regards

REFEREE: EIC | **Revision** (0) 15 Jun 2020

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

Reviewer 1:
The title was attractive however this manuscript would not add anything new in the existing literature. There are major flaws in the methodology & results.
There is no mention what was the inclusion & exclusion criteria for the studies enrolled for the review and how the critical appraisal was performed.
No mention of any prisma flow chart/diagram.

Inclusion and exclusion criteria is stated in the methods section. More details about the inclusion and exclusion criteria for the studies enrolled has been added in the methods section.
PRISMA methodology is only applicable for systemic reviews. This is a comprehensive review, focusing on different techniques used to manage perioperative pain of breast patients. We did not aim to make a systemic review because of variety of presented outcomes making an aggregated analysis not possible hence making a systemic review not applicable.

Reviewer 2:
An important topic is discussed in this paper. In recent years, local anesthetic blocks and non-narcotic pain management has replaced unnecessary narcotic use in various plastic surgery procedures such as breast reconstruction. The title of the paper is “Perioperative Blocks to Decrease Postoperative Narcotics in Breast Reconstruction” and the authors states that they want to elucidate ways to decrease post-operative narcotic use in breast reconstruction. However, they don’t fully deliver this in their discussion. Overall it’s a relevant paper and warrants publication with the following suggestions:

1-At our institution we are now using a “fast track” multimodal pain management model in flap breast reconstruction with a combination of intraoperative TAP block, IV tylenol, Celebrex, Valium and Neurontin. This model not only decreases the post-operative narcotics use but also increases patient satisfaction, decrease hospital stay and complications related to increased systolic blood pressure from post-operative pain such as hematoma. Certainly, this paper will benefit from a discussion on adding non-narcotic PO and IV medication to the existing anesthetic blocks as a multimodal pain control model for breast reconstruction.

A short discussion of PO and IV medications has been added to the discussion. Unfortunately, the wording limitations have precluded us from expanding on these topics more, but we agree with the reviewer that this an important point.

2-Authors should discuss why they didn’t conduct a pooled analysis/meta-analysis.

A meta-analysis could not be conducted due to heterogeneity of the data, mainly reported outcome measures varied between the articles making a cumulative data analysis not possible in this review. This information has been added to the methods section.

3-The authors mentioned “Cosmetic and reductive breast surgery case reports, preclinical studies, and all types of reviews not providing original data were excluded unless cited for background information.” Does this mean that Cosmetic (non-case report) cases were included ?

Cosmetic studies and case reports were excluded, this has been clarified in the manuscript methods section.

4-If the collected data allows, the authors should attempt to differentiate between expander cases, expander implant conversion, DIEP flaps (unilateral versus bilateral) and other free and pedicled flaps as the recovery, hospital stay, and post-operative pain management requirements differ vastly between these groups. For example, a serratus block maybe more relevant for expander placement and TAP block would only be more relevant in DIEP. What other forms of blocks maybe used for flaps such as PAP, SGAP and LAP. Lumping these together in a review paper is acceptable but further elaboration will add value to the paper.

Short descriptive sentences have been added to the paper regarding which blocks were preferred for which procedure.

5-The authors can elaborate more on combination of blocks to cover analgesia over whole of the chest wall, axilla and shoulder for breast reconstruction.

We have added in the discussion a word about combination blocks for improved analgesia coverage.

6-The advantage and disadvantage of Interfascial blocks over regional anesthetic techniques such as paravertebral blocks and complications such as risk of sympathetic blockade, intrathecal or epidural spread which may lead prolonged hospital stay issue is relevant enough to discuss further.

We have researched this further and added discussion points regarding complications and how they can in fact extend hospital stay when they arise.

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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) — 7 Aug 2020

Dear AE,
Thank you for inviting me again to review the revised manuscript ID#105686. I read it by interest this revised format, and fortunately, author corrected the majority of the requested items.
Sincerely

REFEREE: Associate Editor | **Revision** (1) — 7 Aug 2020

Dear EIC,
Based on reviewers' comments the revised format ID#105686 was acceptable for publishing at Anesth Pain Med.
Regards

REFEREE: EIC | **Revision** (1) — 7 Aug 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.