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.108469
Published in: Anesthesiology and Pain Medicine: 10(6); e108469

Peer Review Report for "Low-Dose Ketamine Infusion Versus Morphine Infusion During Abdominoplasty to Change the Postoperative Pain Profile"

Author(s): Hassan Ali, Ahmed Abdelaziz Ismail, Amr Samir Wahdan

Review Timeline:

Submit Date: 12 Aug 2020
Revised Date: 15 Nov 2020
Accepted Date: 20 Nov 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) — 15 Aug 2020

Dear AE,
The following points should be explained by the authors:
1- What was the blindness of study ? whether single-blind or double-blind
2- What is the reference for ketamine dosage?
Thanks.

REFEREE: Reviewer | **Revision** (0) — 29 Aug 2020

Dear AE,
There are some comments which should be addressed by the author:
1. Some exclusion criteria mention in inclusion and must be summarized.
2. Infusion dose of morphine is 20mic/kg/hr in abstract but in the text is 1mic/kg/hr.
3. The manuscript needs to be edit.
Thanks.

REFEREE: Reviewer | **Revision** (0) 17 Sep 2020

Dear AE,
Thanks for this article, There are some comments which should be addressed by the author:
1- You can summarize the title.
2- What about addict patients in exclusion.
Thanks.

REFEREE: Reviewer | **Revision** (0) 9 Oct 2020

Dear AE,
I read with interest this manuscript, and my recommendations are as follow:
I) Shorten the title.
II) ABSTRACT
- Methods: Ketamine and morphine doses?
- Method of anesthesia?
- Results should contain responses to all the questions (VAS, side effects).
P-value?
III) METHOD
- Preoperative assessment: Why mention lab tests?
IV) RESULTS
- Tables 3 and 4 are somewhat unclear! It was better the data shows as Mean SD
V) REFERENCES
- Advise to more references (), and consider below three references:
1) Ketamine as Adjuvant for Acute Pain Management, Anesth Pain Med. 2019;9(6):e100178. (DOI: 10.5812/aapm.100178)
2) An Evaluation of the Adding Magnesium Sulfate to Ropivacaine on Ultrasound-Guided Transverse Abdominis Plane Block After Abdominal Hysterectomy, Anesth Pain Med. 2018;8(4):e74124. (DOI: 10.5812/aapm.74124)
3) Effects of Adding Ketamine to Fentanyl Plus Acetaminophen on Postoperative Pain by Patient Controlled Analgesia in Abdominal Surgery. Anesth Pain Med. 2014;4(1):e12162. (DOI: 10.5812/aapm.12162)
Regards

REFEREE: Associate Editor | **Revision** (0) 9 Oct 2020

Dear EIC,
Based on reviewers' comments this submitted manuscript should be some corrections before publishing
Final decision: Minor revision
Sincerely yours

REFEREE: EIC | **Revision (0)** 9 Oct 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
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.

Reply to the reviewers' comments

Reviewer Number	Original comments of the reviewer	Reply by the author(s)	Changes done on page number and line number
1	*1- What was the blindness of study ? whether single-blind or double-blind*	It is a double blinded study	Pages1,3,4 Lines9,66,110,113,144
1	*2- What is the reference for ketamine dosage?*	Added (*Ketamine as Adjuvant for Acute Pain Management, Anesth Pain Med. 2019;9(6):e100178. (DOI: 10.5812/aapm.100178)*)	Line 102, page 4
2	*1- you can summarize the title*	**Low-Dose Ketamine Infusion versus Morphine Infusion during Abdominoplasty to Change the Postoperative Pain Profile**	Title
2	*2- what about addict patients in exclusion*	Unfortunately was not excluded	
3	*1.Some exclusion criteria mention in inclusion and must be summarized*	Fixed	Page 3

			Lines 86-94
3	*2.Infusion dose of morphine is 20mic/kg/hr in abstract but in text is 1mic/kg/hr.*	Fixed (erased from the abstract)	Page1 Line 13
3	*3.The manuscript need to be edit.*	Fixed	Whole manuscript
4	*I) Shorten the title*	Done	tiltle
4	*II) ABSTRACT* *Methods: Ketamine and morphine doses?*	Fixed	Page 1 Lines11-15
4	*II) ABSTRACT* *Method of anesthesia?*	Mentioned	Page 1 Line 11
4	*Results should be contain responce to all your questions (VAS, side effects).* *P value?*	Mentioned in table 3,4 and 5	Results
4	*III) METHOD* *Preoperative assessment: Why mention lab tests?*	Done as a routine	

4	*IV) RESULTS* *Table 3 and 4 are some what unclear! It was better the data shows as Mean SD*	Median not mean as by the statistician opinion	Tables 3 &4
4	*V) REFERENCES* *Advise to more references (), and consider below three references:* *1) Ketamine as Adjuvant for Acute Pain Management, Anesth Pain Med. 2019;9(6):e100178. (DOI: 10.5812/aapm.100178)* *2) An Evaluation of the Adding Magnesium Sulfate to Ropivacaine on Ultrasound-Guided Transverse Abdominis Plane Block After Abdominal Hysterectomy, Anesth Pain Med. 2018;8(4):e74124. (DOI: 10.5812/aapm.74124)* *3) Effects of Adding Ketamine to Fentanyl Plus Acetaminophen on Postoperative Pain by Patient Controlled Analgesia in Abdominal Surgery. Anesth Pain Med. 2014;4(1):e12162. (DOI:*	Added 1 & 3	Reference numbers10 and18

	10.5812/aapm.12162)		

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Revision (1)

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REFEREE: Reviewer | **Revision** (1) 5 Nov 2020

Dear AE,
The author could reply to some of the previous questions, but before the final decision, there is some concern as below:
- The postoperative pain control was managed by bolus or PCA fentanyl?
- Mention unit at all as similar together (microgram, µg).
- Combine tables 1,2, and 5 altogether.
- Describe asterisk at tables.
- Pain and ramsy score to be better as shown as Mean±SD.
- Consider the below reference:
- Malik KM, Imani F, Becker R, Chovatiya R. Risk of Opioid Use Disorder from Exposure to Opioids in the Perioperative Period: A Systematic Review, Anesth Pain Med. 2020;10(1):e101339.
- Imani F, Varrassi G. Ketamine as Adjuvant for Acute Pain Management, Anesth Pain Med. 2019;9(6):e100178.
- Rahimzadeh P, Faiz SHR, Imani F, Rahimian Jahromi M. Comparison Between Ultrasound-Guided Transversalis Fascia Plane and Transversus Abdominis Plane Block on Postoperative Pain in Patients Undergoing Elective Cesarean Section: A Randomized Clinical Trial, Iran Red Crescent Med J. 2018;20(9):e67844
- Zangouei A, Zahraei SAH, Sabertanha A, Nademi A, Golafshan Z, et al. Effect of Low-Dose Intravenous Ketamine on Prevention of Headache After Spinal Anesthesia in Patients Undergoing Elective Cesarean Section: A Double-Blind Clinical Trial Study, Anesth Pain Med. 2019;9(6):e97249.
- Mahshidfar B, Mofidi M, Fattahi M, Farsi D, Hafezi Moghadam P, et al. Acute Pain Management in Emergency Department, Low Dose Ketamine Versus Morphine, A Randomized Clinical Trial, Anesth Pain Med. 2017;7(6):e60561.
- Samimi Sadeh S, Hashemi E, Aminnejad R, Bastanhagh E. The Impact of Optimal Dose of Ketamine on Shivering Following Elective Abdominal Hysterectomy: A Randomised Comparative Study, Anesth Pain Med. 2020; 10(5):e106220.
Sincerely

REFEREE: Associate Editor | **Revision** (1) 5 Nov 2020

Dear EIC,
Based on reviewer comments, this revised manuscript needs some corrections.

Final decision: Minor revision
Regards

REFEREE: EIC | **Revision (1)** 5 Nov 2020

Dear Author,
Your article is reviewed by the reviewers carefully. According to their comments, this document needs minor revision. Please follow their comments as requested.
Thanks.

OPEN PEER REVIEW

Revision (2)

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.

Reply to the reviewers' comments

Reviewer Number	Original comments of the reviewer	Reply by the author(s)	Changes done on page number and line number
Reviewer 1	The postoperative pain control was managed by bolus or PCA fentanyl?	Bolus	Page 5 line 155
Reviewer 1	Mention unit at all as similar together (microgram, µg	Done	Page 4 line 130 Page 5 line 143
Reviewer 1	Combine table 1,2, and 5 all together	Done	Table 1, page 8
Reviewer 1	Describe asterisk at tables	* = p value <0.05	Added to the tables
Reviewer 1	Pain and ramsy score to be better as shown as Mean±SD	Median is the statistician preference	
Reviewer 1	Add references	Done	5,7,10,11,12,13

OPEN PEER REVIEW

Revision (2)

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

REFEREE: Reviewer | **Revision** (2) — 20 Nov 2020

Dear AE,
The author could correct the requested items, and now it is acceptable for publishing.
Sincerely

REFEREE: Associate Editor | **Revision** (2) — 20 Nov 2020

Dear EIC,
Based on reviewers' comments this revised format can be considered for publishing.
Final decision: Acceptance
Kind regards

REFEREE: EIC | **Revision** (2) — 20 Nov 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.