OPEN PEER REVIEW

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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
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- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
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Anesthesiology and Pain Medicine
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Peer Review Report for "Comparison of Ultrasound-Guided Supra-scapular Plus Axillary Nerve Block with Interscalene Block for Postoperative Pain Management in Arthroscopic Shoulder Surgery; A Double-Blinded Randomized Open-Label Clinical Trial"

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Review Timeline:

Submit Date:	28 Dec 2020
Revised Date:	22 Mar 2021
Accepted Date:	10 Apr 2021

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) — 24 Jan 2021

Dear AE,
Thanks for this valuable work. Following are my suggestions
- The manuscript has been well designed with a proper title.
- There are some small defects in writing style, such as EtCO2 value should be mmHg, VAS for the second time should be written abbreviated. Minor editing is required
- Inclusion and exclusion criteria should be noted with more details
- References could be more in number and more updated. Please add some new references.
REGARDS

REFEREE: Reviewer | **Revision** (0) — 25 Jan 2021

Dear AE,
I read the original text of your article on comparing two regional anesthesia methods under ultrasound guidance. There are questions about this valuable study that need to be answered
ABSTRACT
- In the keywords: ultrasound-guided is preferred.
- In the conclusion section, the sentences have been Repeated twice.
- In line 148 the time 16 should be added to another time.
Discussion:
- The first paragraph in the discussion section is not needed and should be deleted (216-232).
- Explain exactly how patients enter each study group.
- There are many studies on this method. Explain your reason for differentiating this research.
- In what cases do you recommend doing these methods?
Thanks.

REFEREE: Reviewer | **Revision** (0) 26 Jan 2021

Dear AE,
It seems the sample size was not enough to decide. And it is better to be mentioned more studies need to confirm the results.
Best regards

REFEREE: Reviewer | **Revision** (0) 3 Feb 2021

Dear AE,
Thanks for your kind invitation. Following are my comments:
- When the block was performed, what was the reason for paracetamol or ketorolac administration? It should be done after the patient complaining of pain.
- How the adverse effects of the procedure were ruled out? Did you have CXR after the block?
- Why the block was not performed before surgery?
- The patient received GA, when after anesthesia the block was performed that the patient be enough cooperative?
- What was your monitoring to evaluate the quality of the block??
- The chosen drug and the type of blocks were both different it would be confounding factors.
Warm Regards

REFEREE: Reviewer | **Revision** (0) 4 Feb 2021

Dear AE,
This manuscript entitled "Comparison of Ultrasound-Guided Suprascapular plus Axillary Nerve Block with Interscalene Block for Postoperative Pain Management in Arthroscopic Shoulder" is a randomized clinical trial that you followed to CONSORT guidelines for reporting trial (CONSORT checklist). Nevertheless, a few items need to be revised.

- Identification as a randomized trial in the title.
- Description of trial design (such as parallel, factorial) including allocation ratio.
- Type of randomization; details of any restriction (such as blocking and block size).
describing any steps taken to conceal the sequence until interventions were assigned.
who enrolled participants, and who assigned participants to interventions. *
*:http://www.consortstatement.org/media/default/downloads/CONSORT%202010%20Checklist.pdf. accessed [Feb 4, 2021].
Thanks.

REFEREE: Associate Editor | **Revision (**0**)** 10 Feb 2021

Dear EIC,
The manuscript ID#112540 was reviewed and it needs some corrections.
Final decision: Major revision
Regards

REFEREE: EIC | **Revision (**0**)** 10 Feb 2021

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.

Reviewer#1

Thank you very much in advance for your valuable time and your kind attention. We have corrected the manuscript as below:

Comment 1

In the keywords: ultrasound-guided is preferred

Answer: We corrected it.

Comment 2

In the conclusion section, the sentences have been Repeated twice.

Answer: it was deleted.

Comment 3

In line 148 the time 16 should be added to other time.

Answer: We added the time 16 into the other times.

Comment 4

The first paragraph in the discussion section is not needed and should be deleted (216-232).

Answer: It was deleted.

Comment 5

Explain exactly how patients enter each study group.

Answer: After the patients provided consent to participate in this trial, they were randomly allocated (allocation ratio: 1:1) to ISB and SSAB groups using block randomization method with the block size of four.

Comment 6

There are many studies on this method. Explain your reason for differentiating this research.

Answer: Although interscalene block (ISB) has been used for intraoperative anesthesia and postoperative pain management, it has serious side effects such as inadvertent epidural and spinal anesthesia, spinal cord injury, brain damage, brachial plexus injury and paralysis of the vagus and laryngeal recurrent nerves as well as cervical sympathetic nerve and pneumothorax. Recently, suprascapular nerve block (SSNB) is used for

intraoperative anesthesia and postoperative pain management in shoulder arthroscopy; however, the procedure is technically challenging and the success rate varies widely. Also, there are a few studies which used Ropivacaine as a post-operative analgesia regimen. Different dosage of Ropivacaine were used in the recent studies.

Comment 7

In what cases do you recommend doing these methods?

Answer: For whom candidates for different types of shoulder surgery.

Reviewer#2

Thank you very much in advance for your valuable time and your kind attention. We have corrected the manuscript as below:

Comment 1

There are some small defects in writing style, such as EtCO2 value should be mmHg, VAS for the second time should be written abbreviated. Minor editing is required.

Answer: All the minor points were corrected.

Comment 2

Inclusion and exclusion criteria should be noted with more details.

Answer: we corrected it.

Comment 3

References could be more in number and more updated. Please add some new references.

Answer: References have been updated.

Reviewer#3

Thank you very much in advance for your valuable time and your kind attention. We have corrected the manuscript as below:

Comment 1

When block was performed, what was the reason of paracetamol or ketorolac administration? It should be done after patient complaining of pain.

Answer: After the block, patients were transferred to the ward. The PCA pump was implanted as part of the multimodal analgesia protocol for patients for the following 24 hours. If the pump was ordered after the onset of pain, the goal of preemptive analgesia would not be achieved. In addition, report of the onset of pain in hospitalized patients may be delayed in our setting.

Comment 2

How the adverse effects of the procedure were ruled out? Did you have CXR after the block?

Answer: All patients were instructed on potential adverse effects and kept under observation during treatment for evaluation of adverse effects and compliance. In this study, possible side effects, such as shortness of breath, pneumothorax, epidural or subarachnoid injection, diaphragmatic paralysis, damage of the supra laryngeal nerve, nausea and vomiting were monitored. CXR is not recommended after the block for this type of treatment.

Comment 3

Why the block was not performed before surgery?

Answer: your valuable recommendation will be considered in our next study.

Comment 4

The patient received GA, when after anesthesia the block was performed that the patient be enough cooperative?

Answer: All procedures were done in PACU and patients were cooperative in the study.

Comment 5

What was your monitoring to evaluate the quality of the block?

Answer: Lowering the VAS score was monitored to evaluate the quality of block.

Comment 6

The chosen drug and the type of block were both different it would be confounding factors.

Answer: In this study the drugs are the same, but the block types are different. We aimed to compare two different approaches for pain management in Arthroscopic Shoulder Surgery.

Reviewer#4

Thank you very much in advance for your valuable time and your kind attention. We have corrected the manuscript as below:

Comment 1

Identification as a randomized trial in the title.

Answer: We corrected it.

Comment 2

Description of trial design (such as parallel, factorial) including allocation ratio.

Answer: this study is a double-blinded randomized parallel-group clinical trial.

Comment 3

Type of randomization; details of any restriction (such as blocking and block size).

Answer: After the patients provided consent to participate in this trial, they were randomly allocated (allocation ratio: 1:1) to ISB and SSAB groups using block randomization method with the block size of four.

Comment 4

describing any steps taken to conceal the sequence until interventions were assigned.

Answer: The study was single blind and the outcome assessor was blinded to the assignments.

Comment 5

who enrolled participants, and who assigned participants to interventions?

Answer: An anesthesia resident enrolled the patients in the study and assigned the patients randomly to the interventions under the supervision of the attending anesthetist in charge of the patients. He was not blinded to the assignments.

Reviewer#5

Thank you very much in advance for your valuable time and your kind attention. We have corrected the manuscript as below:

It seems sample size was not enough to decision. And it is better to be mentioned more studies need to confirm the results.

Answer: It was added.

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: Associate Editor | **Revision** (1) 10 Apr 2021

Dear EIC,
I read with interest this revised format, and the author has corrected the requested items.
Final decision: Acceptance
Regards

REFEREE: EIC | **Revision** (1) 10 Apr 2021

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