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.113750
Published in: Anesthesiology and Pain Medicine: 11(2); e113750

Peer Review Report for "Anesthesia Considerations for Cataract Surgery in Patients with Schizophrenia: A Narrative Review"

Author(s): Chandra M. Kumar, Howard D. Palte, Alfred W. Y. Chua, Renu Sinha, Shreya B. Shah, Farnad Imani, Zahra M. Jalali

Review Timeline:

Submit Date:	10 Feb 2021
Revised Date:	2 Apr 2021
Accepted Date:	3 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)

15 Feb 2021

Dear AE,
Comments for the authors:
1- The article does not follow the routine path of a review article. Regarding the title; a large part of the article was allocated to define schizophrenia, types of disease, and symptoms, and only a small part was about anesthesia techniques, drugs, and their interaction with psychiatric drugs !! Tables that show the results of different studies (including number of cases of each study, anesthesia techniques, drugs used , complications and ….) are missing! Regarding search terms, 54 studies were found but no precise data was presented that how many studies use general anesthesia? How many of them use regional or topical anesthesia? Which complications were found in each technique?
2- Abstract should be corrected and rewritten. there are some sentences that could not be referred in the main text and the references of the article like “…Since schizophrenic patients enjoy a greater life expectancy, they are more prone to develop age-related and drug-related cataract,…” this sentence should be clarified better because according to your first reference (ref 1) about schizophrenic patients their mortality rate is more than general population !!…”On the basis of the standardized mortality ratio, people with schizophrenia have a two- to threefold increased risk of dying (median standardized mortality ratio 5 2.6

for all-cause mortality), and this differential gap in mortality has increased over recent decades…"

Another example is the first line of the abstract…" Schizophrenia, the most common psychotic disorder…." How could you get this result?!!...This is a wrong perception of a paragraph in reference 2: "Schizophrenia is the most common and most important disorder within a spectrum of clinically similar (and possibly genetically related) conditions, which include schizoaffective disorder, schizotypal disorder and acute transient psychotic disorders (Jablensky, 2006)…" .There are so many mistakes like this in the article that should be corrected!!

3- The focus of the article according to its title should be on anesthetic considerations of schizophrenia in cataract surgery but a large part of the article text is about scizophrenia symptoms and types!!

Tables 1-3 are unnecessary and are just about schizophrenia types, symptoms and drugs, irrelevant to study title: "Anaesthesia considerations for cataract surgery in patients with schizophrenia: A narrative review"

And should be replaced by tables that show the results of different studies (54 studies) including number of cases, anesthesia technique, complications and so on.

Thanks.

Alireza Abdullahzadeh-Baghaei: Reviewer | **Revision** (0) 21 Feb 2021

Dear AE,

I see this manuscript as try to shed light on neglected part of the Anesthesia. It is clear that most of the surgeries and Anesthesia are being done on the specific groups of people yearly. I think this work has been mostly successful to consider different aspects of the Anesthesia among patients with The Schizophrenia.

But some corrections that should be done by the authors and then would help to better presentation as follows:

1- The literature search need to be postulated in more details. You could profit table or diagram depiction for demonstration of search findings.

2- It seems to error that has been happening on line 147 (page7). "Withdrawal symptoms have been reported with Clozapine". It would be Clozapine ceasing.

3- At the end in writing of some references, the related pages have been missed, such as 3,4,10,12,15,52.

Thanks

REFEREE: Associate Editor | **Revision** (0) 12 Mar 2021

Dear EIC,

Thank you for inviting me to review this study. Based on reviewers' comments it needs some brief corrections. Also, recommend to the author for considering and add below Five references:

- Imani F, Zaman B, De Negri P. Postoperative Pain Management: Role of Dexmedetomidine as Adjuvant. Anesth Pain Med. 2020;10(6):e112176.
- Imani F, Varrassi G. Ketamine as Adjuvant for Acute Pain Management, Anesth Pain Med. 2019;9(6):e100178.
- Adinehmehr L, Shetabi H, Moradi Farsani D, Salehi A, Noorbakhsh M. Comparison of the

Sedation Quality of Etomidate, Propofol, and Midazolam in Combination with Fentanyl During Phacoemulsification Cataract Surgery: A Double-Blind, Randomized, Controlled, Clinical Trial, Anesth Pain Med. 2019;9(2):e87415.
- Barabady A, Baghdassarians A, Memary E, Yazdani A, Barabady A, et al. Effect of Benson's Relaxation Technique on Propofol Consumption and Preoperative Anxiety of Patients Undergoing Cataract Surgery, Anesth Pain Med. 2020;10(3):e100703.
- Haddadi S, Shahrokhirad R, Ansar MM , Marzban S, Akbari M, et al. Efficacy of Preoperative Administration of Acetaminophen and Melatonin on Retrobulbar Block Associated Pain in Cataract Surgery, Anesth Pain Med. 2018;8(5):e61041.
Regards

REFEREE: EIC | **Revision (0)** 12 Mar 2021

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.

Reviewers' Comments:

Reviewer 1:
1- The article does not follow the routine path of a review article. Regarding the title; a large part of the article was allocated to define schizophrenia, types of disease and symptoms and only a small part was about anesthesia technique, drugs and their interaction with psychiatric drugs !!

Answer: We have revised and reduced the text on schizophrenia. However, we believe it is important to provide some background information on schizophrenia before we discuss the implications for anaesthesia.

Tables that show the results of different studies (including number of cases of each study, anesthesia techniques, drugs used , complications and ….) are missing!

Answer: There is no published literature specific to anaesthesia for cataract surgery in schizophrenic patients. We are therefore unable to comply a table according to the above criteria.

Regarding search terms, 54 studies were found but no precise data was presented that how many studies use general anesthesia? How many of them use regional or topical anesthesia? Which complications were found in each technique?

Answer: In our literature search, we did not come across any published studies containing meaningful data on the number of general or local/regional anaesthesia specific to cataract surgery in schizophrenic patients. That is why we wrote our manuscript as a narrative review. We could only quote "unpublished data" from one of our institutional audit which we have declared in our manuscript.

2- Abstract should be corrected and rewritten. there are some sentences that could not be referred in the main text and the references of the article like "…Since schizophrenic patients enjoy a greater life expectancy, they are more prone to develop age-related and drug-related cataract,…" this sentence should be clarified better because according to your first reference (ref 1) about schizophrenic patients their mortality rate is more than general population !!..."On the basis of the standardized mortality ratio, people with schizophrenia have a two- to threefold increased risk of dying (median standardized mortality ratio 5 2.6 for all-cause mortality), and this differential gap in mortality has increased over recent decades…"
Another example is the first line of the abstract…" Schizophrenia, the most common psychotic disorder…." How could you get this result?!!...This is a wrong perception of a paragraph in reference 2: "Schizophrenia is the most common and most important disorder within a spectrum of clinically similar (and possibly genetically related) conditions, which include schizoaffective disorder, schizotypal disorder and acute transient psychotic disorders (Jablensky, 2006)…" .There are so many mistakes like this in the article that should be corrected!!

Answer: We have revised the abstract and text to address those issues highlighted above. Thank you.

3- The focus of the article according to its title should be on anesthetic considerations of schizophrenia in cataract surgery but a large part of the article text is about scizophrenia symptoms and types!!

Answer: We agree with the reviewer's comment but there is no publication on anaesthesia and cataract surgery. That is why we have extracted facts from published studies on non-ophthalmic publications.

Tables 1-3 are unnecessary and are just about schizophrenia types, symptoms and drugs, irrelevant to study title: "Anaesthesia considerations for cataract surgery in patients with schizophrenia: A narrative review"

Answer: We have deleted Tables 1-3 and added relevant facts to the manuscript instead.

And should be replaced by tables that show the results of different studies (54 studies) including number of cases, anesthesia technique, complications and so on.

Answer: During our literature search, we did not come across any published studies that have data on number of cases, anaesthetic technique, complications, etc, specific to anaesthesia for cataract surgery in patients who have schizophrenia. We are, therefore, unable to comply a table with those parameters.

Reviewer 2:
Hi
I see this manuscript as try to shed light on neglected part of the Anesthesia. It is clear that most of the surgeries and Anesthesia are being done on the specific groups of people yearly. I think this work has been mostly successful to consider different aspects of the Anesthesia among patients with The Schizophrenia.

Answer: Thank you very your kind and helpful comments.

But some correction would be help to better presentation as follows:
1- The literature search need to be postulated in more details. You could profit table or diagram depiction for demonstration of search findings.

*Answer: As this is narrative review and not a systematic review, therefore it would be difficult to insert a **CONSORT** chart.*

2- It seems to error has been happened on the line 147(page7). "Withdrawal symptoms have been reported with Clozapine". It would be Clozapine ceasing.

Answer: We have revised the section on "antipsychotic drugs in the perioperative period (continue versus temporary suspension)". Clozapine is used as an example to illustrate the problems. While the article by Huyse 2006 (Reference 21) recommended discontinuation of clozapine in the perioperative period, we have instead recommended assessing the risks and

benefits of each option with preoperative psychiatric input, especially in short-duration regional anaesthesia-based cataract surgery.

3- At the end in writing of some references, the related pages have been missed, such as 3,4,10,12,15,52.

Answers: The references have been updated with page number. We have removed a few references and reference 52 is not there anymore.

Associate Editor's Comments:

Associate Editor 1:
Dear Editor in Chief

Thank you for inviting me to review this study. Based on reviewers' comments it need some brief corrections. Also, recommend to author for considering and add below Five references:

Imani F, Zaman B, De Negri P. Postoperative Pain Management: Role of Dexmedetomidine as Adjuvant. Anesth Pain Med. 2020;10(6):e112176.

Barabady A, Baghdassarians A, Memary E, Yazdani A, Barabady A, et al. Effect of Benson's Relaxation Technique on Propofol Consumption and Preoperative Anxiety of Patients Undergoing Cataract Surgery, Anesth Pain Med. 2020;10(3):e100703.

Imani F, Varrassi G. Ketamine as Adjuvant for Acute Pain Management, Anesth Pain Med. 2019;9(6):e100178.

Haddadi S, Shahrokhirad R, Ansar MM , Marzban S, Akbari M, et al. Efficacy of Preoperative Administration of Acetaminophen and Melatonin on Retrobulbar Block Associated Pain in Cataract Surgery, Anesth Pain Med. 2018;8(5):e61041.

Adinehmehr L, Shetabi H, Moradi Farsani D, Salehi A, Noorbakhsh M. Comparison of the Sedation Quality of Etomidate, Propofol, and Midazolam in Combination with Fentanyl During Phacoemulsification Cataract Surgery: A Double-Blind, Randomized, Controlled, Clinical Trial. Anesth Pain Med. 2019;9(2):e87415.

Final decision: Minor revision
Regards

Answers: Three articles were added. We had difficulties in including other references the text

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) — 3 Apr 2021

Dear AE,
Revised manuscript was corrected.
Sincerely

REFEREE: Associate Editor | **Revision** (1) — 3 Apr 2021

Dear EIC,
The author has changed the article based on reviewers' comments, and now it is acceptable.
Regards

REFEREE: EIC | **Revision** (1) — 3 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.