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
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Peer Review Report for "Perioperative Anxiolytic and Analgesic Effects of Pregabalin in Vitreo-Retinal Surgery: A Randomized, Double-blind Study"

Author(s): Ayman Elrashidy, Ahmed Metwally Khattab, Zeinab Ahmed Elseify, Mohamed E Oriby

Review Timeline:

Submit Date:	27 Jun 2021
Revised Date:	7 Aug 2021
Accepted Date:	10 Aug 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)

18 Jul 2021

Dear AE,
This research covers a common area on Anesthesiology and pain management with considering procedures under regional anesthesia and sedation.
These corrections should be done for better presentation:
1- Considering to inclusion of the intraoperative effect of Pregabalin besides the postoperative effect of that in this study, the title should be corrected.
2- It needs to be clarified exact primary and secondary aims congruently among the abstract, introduction (the lines 45-48), and results from parts.
3- The brand of drug which has been received by patients and its manufacturer is not clear. It should be named as the same in the method part and the tables (Pregabalin/ Lyrica).
4- The analgesic used in the recovery room and its exact doses are not distinguished. It should be mentioned.
5- Some references at the references part need to be rewritten as Vancouver style, also, suggest all below references:
Amiri HR, Ohadian Moghadam S, Momeni SA, Amini M. Preemptive Analgesia with a Second Dose of Pregabalin, Acetaminophen, Naproxen, and Dextromethorphan: A Comparative Clinical Trial in Major Surgeries, Anesth Pain Med. 2020;10(5):e100718.

Pinto Filho WA, Silveira LDHJ, Vale ML, Fernandes CR, Alves Gomes J. The Effect of Gabapentin on Postoperative Pain of Orthopedic Surgery of Lower Limb by Sciatic and Femoral Blockage in Children: A Clinical Trial, Anesth Pain Med. 2019;9(4):e91207.
Pinto Filho WA, Silveira LDHJ, Vale ML, Fernandes CR, Gomes JA. Gabapentin in Improvement of Procedural Sedation and Analgesia in Oncologic Pediatric Patients: A Clinical Trial, Anesth Pain Med. 2019;9(5):e91197.
Javaherforooshzadeh F, Amirpour I, Janatmakan F, Soltanzadeh M. Comparison of Effects of Melatonin and Gabapentin on Post Operative Anxiety and Pain in Lumbar Spine Surgery: A Randomized Clinical Trial, Anesth Pain Med. 2018;8(3):e68763.
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.
6- The title of the figure should be written under it.
Regards

REFEREE: Reviewer | **Revision** (0) 19 Jul 2021

Dear AE,
Thank you for sending me the review, I've written my remarks below,
- Although the novelty of the manuscript is not as much as desire, it's well designed and practical experiment. The manuscript needs some grammatical edits, for example, line 36.
- The first and second paragraphs of the discussion ingredient should be moved to the introduction section.
- All the references are older than 2017, please add more recent sources based on follows:
- 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.
- Haddadi S, Shahrokhirad R, Ansar MM, Marzban S, Akbari M, Parvizi A. Efficacy of preoperative administration of acetaminophen and melatonin on retrobulbar block associated pain in cataract surgery. Anesth Pain Med. 2018;8(5). e61041.
- Kumar CM, Palte HD, Chua AWY, Sinha R, Shah SB, et al. Anesthesia Considerations for Cataract Surgery in Patients with Schizophrenia: A Narrative Review, Anesth Pain Med. 2021;11(2): e113750.
- Fathy W, Taha A, Ibrahim S. Effect of Peribulbar Anesthesia with and Without Adrenaline on Retinal Thickness in Patients Undergoing Elective Cataract Surgery, Anesth Pain Med. 2020;10(2):e100138..
regards

REFEREE: Reviewer | **Revision** (0) 20 Jul 2021

Dear AE,
Comments for the authors:
1- in terms of inclusion and exclusion criteria, considering that one of the side effects of this drug is peripheral edema, selecting patients with a history of heart failure is not a sensible task and should be one of the exclusion criteria. Also, patients taking calcium channel blockers should be excluded.

2- Vitrectomy is a relatively major procedure in eye surgery and generally requires general anesthesia and may not be very appropriate with regional block.
But comparing the complication of nausea and vomiting in these patients, which is very common, is a valuable and desirable work that has been studied and effective.
Respectfully

REFEREE: Associate Editor | **Revision** (0) 22 Jul 2021

Dear EIC,
Based on reviewers' comments this manuscript needs some corrections.
Remarkable, the author, to pay attention to all the requested items and references.
Final decision: Major revision
Kind regards

REFEREE: EIC | **Revision** (0) 22 Jul 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.

Dear Prof. Farnad Imani and respectable reviewers,

Thank you for your worthy observations and comments. I read your valuable comments carefully and tried to fulfill all the points you asked for. Please find the attached manuscript file.

I hope that you find the revised manuscript satisfactory and I appreciate your complimentary suggestions that enriched my research.

Reviewer 1: Changes are highlighted in green in the manuscript

Q1: The manuscript needs some grammatical edits, line 36.

R1: Done & highlighted in green

Q2: The first and second paragraphs of the discussion ingredient should be moved to the introduction section.

R2: Both paragraphs moved to introduction section & highlighted in green

Q3: All the references are older than 2017

R3: I added the references you suggested & highlighted them in green (References 9, 10)

Reviewer 2: Changes are highlighted in yellow in the manuscript

Q1: In terms of inclusion and exclusion criteria, considering that one of the side effects of this drug is peripheral edema, selecting patients with a history of heart failure is not a sensible task and should be one of the exclusion criteria.

R1: Heart failure is added to exclusion criteria

Q2: Also, patients taking calcium channel blockers should be excluded.

R2: Patients taking calcium channel blockers added to exclusion criteria

Q3: Vitrectomy is a relatively major procedure in eye surgery and generally requires general anesthesia and may not be very appropriate with regional block but comparing the complication of nausea and vomiting in these patients, which is very common, is a valuable and desirable work that has been studied and effective.

R3: In our center, many vitrectomy surgeries are done under regional block specially geriatrics.

Reviewer 3: Changes are highlighted in pink in the manuscript

Q1: Considering to inclusion of intraoperative effect of Pregabalin beside postoperative effect of that in this study, the title should be corrected.

R1: Title is changed from **"postoperative"** to "**Perioperative"** Anxiolytic and Analgesic Effects of Pregabalin in Vitreo-Retinal Surgery: A randomized double-blind study

Q2: It needs to be clarified exact primary and secondary aims congruently among the abstract, introduction (the lines 45-48) and results parts.

R2: Primary & secondary aims are added congruently in introduction as in abstract and highlighted in pink.

Q3: Brand of drug which has been received by patients and its manufacturer are not clear. It should be named as the same in the method part and the tables (Pregabalin/ Lyrica).

R3: Lyrica brand added and highlighted in pink

Q4: The analgesic used at the recovery room and its exact doses are not distinguished. It should be mentioned.

R4: Paracetamol and its dose were added and highlighted in pink.

Q5: Some references at the references part need to be rewritten as Vancouver style, also, suggest all below references:

R5: I added the references you suggested & highlighted them in pink (References 2, 3, 4 & 5)

Q6: The title of figure should be written under of it.

R6: I wrote the title of figure under of it.

Sincerely,

The Author

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) 6 Aug 2021

Dear AE,
I read with interest this revised format, and the majority of the comments were corrected. The author is advised to consider the remaining three below references::
- 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, Parvizi A. Efficacy of preoperative administration of acetaminophen and melatonin on retrobulbar block associated pain in cataract surgery. Anesth Pain Med. 2018;8(5). e61041.
- Fathy W, Taha A, Ibrahim S. Effect of Peribulbar Anesthesia with and Without Adrenaline on Retinal Thickness in Patients Undergoing Elective Cataract Surgery, Anesth Pain Med. 2020;10(2):e100138.
Sincerely

REFEREE: Associate Editor | **Revision** (1) 6 Aug 2021

Dear EIC,
Based on reviewers' comments this revised article needs some corrections at references.
Final decision: Minor revision
Regards

REFEREE: EIC | **Revision** (1) 6 Aug 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 (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.

Dear Prof. Farnad Imani and respectable reviewers,

Thank you for your worthy observations and comments. I read your valuable comments carefully and tried to fulfill all the points you asked for. Please find the attached manuscript file.

I hope that you find the revised manuscript satisfactory and I appreciate your complimentary suggestions that enriched my research.

Changes are highlighted in yellow in the manuscript

Q: The author is advised to consider the remaining three below references:

1- 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.
I added this reference & highlighted it in yellow (References 3)

2- Haddadi S, Shahrokhirad R, Ansar MM, Marzban S, Akbari M, Parvizi A. Efficacy of preoperative administration of acetaminophen and melatonin on retrobulbar block associated pain in cataract surgery. Anesth Pain Med. 2018;8(5). e61041.
I added this reference & highlighted it in yellow (References 7)

3- Fathy W, Taha A, Ibrahim S. Effect of Peribulbar Anesthesia with and Without Adrenaline on Retinal Thickness in Patients Undergoing Elective Cataract Surgery, Anesth Pain Med. 2020;10(2):e100138.
Unfortunately, I tried my best to consider this reference but I found its subject far away from the scope of my study

Sincerely,

The Author

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) — 10 Aug 2021

Dear AE,
Thank you for inviting me to review this revised manuscript. Fortunately, author tried to correct the majority of requested items, and this article can be consider for publishing.
Sincerely yours

REFEREE: Associate Editor | **Revision** (2) — 10 Aug 2021

Dear EIC,
Based on reviewers' comments, this revision is acceptable for publishing at Anesth Pain Med.
Final decision: Acceptance
Regards

REFEREE: EIC | **Revision** (2) — 10 Aug 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.