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 "The Effects of Intravenous Vitamin C on Stress Response Severity in Abdominal Hysterectomy Following Prolonged Fasting Time"

Author(s): Vali Imantalab, Mandana Mansour Ghanaie , Zahra Rafiei Sorouri , Ali Mohammadzadeh Jouryabi, Samaneh Ghazanfar Tehran, Haniyeh Sadat Fayazi , Gelareh Biazar, Mehdi Noroozshamsi

Review Timeline:

Submit Date: 4 Sep 2021
Revised Date: 18 Oct 2021
Accepted Date: 26 Oct 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) 16 Sep 2021

Dear AE,
Comments for the authors:
- Mention the manufacturer of the drug
- What was the method of maintaining anesthesia and the difference of drug doses?
- The amount of fluid replacement?
- Mobilization time?
- Time of initiation food?
Thanks.

REFEREE: Reviewer | **Revision** (0) 17 Sep 2021

Dear AE,
There are some questions and recommendations for the authors:
1. Did you include or exclude some others: diabetes, obesity, history of insulin resistance?

2. For double-blinding, the Vit C and NS were in a five cc syringe. As you know, Vit C ampules are 500 mg in 5 cc, so you had to administer ten cc of Vit C to achieve 1 gram of it, and for double-blinding, the normal saline has to be ten cc, too. Would you please clarify this in the manuscript?
3. There are four-point measurements before surgery: is this before the incision and after the induction, or its before the induction? Also, is the point time immediately after the surgery after the closure of skin or after waking the patient and extubation?
4. Describe the maintenance of anesthesia and peri-operative pain control.
5. Did you measure the depth of anesthesia during the operation?
6. Mention fluid management.
7. Did the patients get any blood components?
8. References should be written as Vancouver style
Thanks.

REFEREE: Associate Editor | **Revision** (0) 6 Oct 2021

Dear EIC
Thank you for your consideration, reviews have been completed as attached. Also consider some new references.
Final decision: Major revision
Thanks.

REFEREE: EIC | **Revision** (0) 6 Oct 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 EIC, Thanks for the review process, we did our best to revise the manuscript according to the valuable comments of the respected reviewers. The changes have been highlighted in the text. Additionally new references have been added. We wish you consider this work suitable enough for being published in this prestigious journal.

Warm Regards

Gelareh Biazar MD

Reviewer 1:
Please: Mention the manufacturer of the drug
What was the method of maintaining anesthesia and difference of drug's doses?

Ampule vitamin C 500mg/5ml , Exir company

- Anesthesia maintenance was provided by Isoflurane (0.8 MAC) and 60 % N2O
-The amount of fluid replacement?

Intra operative fluid therapy was performed based on the standard guidelines aiming to prevent hypovolemia or volume overload leading to a stable status.
Mobilization time? Time of initiation food?

Oral intake was performed after **the return of bowel function almost 8-10 hours and** mobilization were started 12 hours following surgery.

Reviewer 2:
There are some questions and recommendations:
1. Did you include or exclude some others: diabetes, obesity, history of insulin resistance?
-Definitely women with the history of insulin resistance and diabetics were excluded.
2. For double-blinding, the Vit C and NS were in a five cc syringe. As you know, Vit C ampules are 500 mg in 5 cc, so you had to administer ten cc of Vit C to achieve 1 gram of it, and for double-blinding, the normal saline has to be ten cc, too. Would you please clarify this in the manuscript?

_You are quite right, sorry it was just a mistake and now it has been corrected.
3. There are four-point measurements before surgery: is this before the incision and after the induction, or it's before the induction? Also, is the point time immediately after the surgery after the closure of skin or after waking the patient and extubation?

-The first measurement point time (T0) was before induction of anesthesia and immediately after the surgery points to the time the patient was extubated (T1). It has been clarified in the text.

4. Describe the maintenance of anesthesia and peri-operative pain control.

- Anesthesia maintenance was provided by Isoflurane (0.8 MAC) and 60 % N2O

At the end of the surgery the infusion of apotel 1000mg in 500 cc normal saline was started for all cases and if complained of pain a bolus dose of intra venous morphine 3mg was injected under standard monitoring.

5. Did you measure the depth of anesthesia during the operation?

-No we did not assess the depth of anesthesia based on BIS. We considered it as a limitation of the study.

6. Mention the fluid management.

Intra operative fluid therapy was performed based on the standard guidelines aiming to prevent hypovolemia or volume overload leading to a stable status.

7. Did the patients get any blood components?

All the cases were candidate in elective and optimal conditions following exact pre-operative visits. Additionally they were restricted to ASA class 1&2.None of them required transfusion.

8. References should be written as Vancouver style

Thanks, Done

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: EIC | **Revision (1)** 11 Oct 2021

Dear Authors,

This revised format needs some corrections in the references section.

Thanks.

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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 EIC, Thanks for your precious comment. we did our best to revise and the changes have been highlighted in the text. Additionally new references have been added. We wish you consider this work suitable enough for being published in this prestigious journal.

Warm Regards

Gelareh Biazar MD

EIC Decision:

This revised format need some corrections at references section.

All the references has been rechecked and corrected.

Thanks

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Revision (2)

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

REFEREE: EIC | **Revision** (2) 12 Oct 2021

Dear Authors,

Please update the references section.

Thanks.

OPEN PEER REVIEW

Revision (3)

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 EIC, Prof. Imani

Thanks for review process, the manuscript has been revised according to the new references.

WARM REGARDS

Gelareh Biazar MD

OPEN PEER REVIEW

Revision (3)

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

REFEREE: Reviewer | **Revision** (3) 26 Oct 2021

Dear AE,
This revised manuscript was reviewed, and necessary corrections were made
Sincerely

REFEREE: Associate Editor | **Revision** (3) 26 Oct 2021

Dear EIC,
Fortunately, the author could correct all requested items, and based on reviewers' comments, this revised format is acceptable for publishing.
Final decision: Acceptance
Regards

REFEREE: EIC | **Revision** (3) 26 Oct 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.