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 "**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:

Peer Review

Anesthesiology and Pain Medicine
Article DOI: https://doi.org/10.5812/aapm.120478
Published in: Anesthesiology and Pain Medicine: 12(1) ; e120478

Peer Review Report for "Efficacy of Laryngeal Mask Airway Compared to Endotracheal Tube: A Randomized Clinical Trial"

Author(s): Behrooz Zaman, Seyed Alireza Seyed Siamdoust, Samad Noorizad, Saeid Safari, Seyed Mohamad Hosein Javadi Larijani

Review Timeline:

Submit Date:	22 Oct 2021
Revised Date:	23 Feb 2022
Accepted Date:	24 Feb 2022

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

3 Nov 2021

The following comments should be considered:
Introduction:
-The word way is not written in the first line and should be added.
- The references are forgotten to cite in this part and should be added to the appropriate part.
- In addition to a description of the subject, the place of study of previous studies and their results should be summarized and the reason for the research should be clearly stated at the end of Introduction. According to my opinion, stating P-value is not correct in the Introduction.
Methodology:

- The method of determining the sample size is not specified whether it was based on the formula of similar studies or it has been done in consensus during certain period of time. (Although the study time has been stated).
- The fisher exact method is correct and needs to be corrected.

Result :

-There is typing mistake in the phrase " abdominal distention" in line 113 and should be corrected.

Discussion :

-Pay attention to stating references in the text.

- The authors generalized and did not mention the details in comparing the results of other studies with their study.
- Should use the third person pronoun in stating others' studies in order not to be mistaken with theirs.

Reference:

The references should be written according to the journal's guidelines. Some of the given references were not in a correct style (the pages were not written correctly).

In summary, I recommend to use other related Iranian studies about LMA which were published in this journal. This manuscript needs to major revisions in order to be published in this journal and also English grammatical errors should be correct.

With best regards:

REFEREE : Reviewer

5 Nov 2021

Dear AE

My suggestions are as bellows :

1- It is better to mention the study main goal in the title. You just said “efficacy”. What do you mean of “efficacy”?

2- Omit the analysis method in the abstract of the article.

3- Explain about the randomization method in sampling of two study groups.

4- How do you explain ethical aspects of probably micro aspiration due to LMA insertion specially during long operation?

5- As you know, during mechanical ventilation, death space which is in the ventilation machine pipes can influence the recurrent amount of carbon dioxide index. So how do you justify it? Do not you think that it is better to cite to ABG instead of ETco2?

5- Add numerical values in result part of abstract.

6- Explain about limitation of this study.

7- Also the fluency of writing this article is not appropriate and there are many dictations and grammatical errors need to be revised in this article.

8- Need some more related references.

Finally it seems that this article needs to great changes and is not appropriate for publishing.

With best regards

REFEREE : Reviewer

8 Nov 2021

Abstract :
Objective
Line 6 : “during” general anesthesia is better than “under” general anesthesia.
Materials and methods
Line 12 : Replace “Matreials” with “Materials” in title.
Introduction
Line 38 , 45 , 47 : Replace “ incubation” with “intubation” in title
Study Design:
1. Due to the importance of the effects of endotracheal tube cuff pressure and laryngeal mask cuff pressure on sore throat, please explain the amount of cuff filling pressure.
2. Due to the effect of minute ventilation volume on the carbon dioxide content, the minute ventilation adjustment of the two groups should be explained.
Line 73: The dose of drugs in anesthesia is important please explain the means of “ receive the same premedication and induction”
Line 77: Please explain “all patients receive propofol during surgery” as maintenance or other reasons.
Line 78 : Replace “Malampathy ” with “ mallampati” in title.
Results
Replace “Malampathy ” with “ mallampati”

REFEREE : EIC

10 Nov 2021

Major Revision

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:
Abstract :
Objective
Line 6 : "during" general anesthesia is better than "under" general anesthesia.
Materials and methods
Corrected.
Line 12 : Replace "Matreials" with "Materials" in title.
Introduction
Replaced.
Line 38 , 45 , 47 : Replace " incubation" with "intubation" in title
Replaced.
Study Design:
1. Due to the importance of the effects of endotracheal tube cuff pressure and laryngeal mask cuff pressure on sore throat, please explain the amount of cuff filling pressure.
Intracuff pressure of LMA and ETT cuff pressure were 60 cm H2O and 25 cm H2O/1 respectively.
2. Due to the effect of minute ventilation volume on the carbon dioxide content, the minute ventilation adjustment of the two groups should be explained.
Mechanical ventilation was at a tidal volume of 8 ml/kg and adjusted respiratory rate to maintain an EtCO2 concentration of 35–45 mmHg.

Line 73: The dose of drugs in anesthesia is important please explain the means of " receive the same premedication and induction"
General anesthesia in both groups was similar. For premedication, 0.2 mg/kg of Midazolam plus 3 µg/kg Fentanil was used. For induction, used propofol 2.5 mg/kg beside 0.5 mg/kg Atracurium intravenously. Also, for maintenance of GA, 10 µg/kg/minute Atracurium and 1 µg/kg/minute Remifentanil were used. After the surgery is complete, 0.04 mg/kg Neostigmine plus 0.02 mg/kg Atropin used to reverse the effects of anesthesia.
Line 77: Please explain "all patients receive propofol during surgery" as maintenance or other reasons.
Explained.

Line 78 : Replace "Malampathy " with " mallampati" in title.
Replaced.

Results
Replace "Malampathy " with " mallampati"
Replaced.

Reviewer 2:
The following comments should be considered:
Introduction:
-The word way is not written in the first line and should be added.
Corrected.
- The references are forgotten to cite in this part and should be added to the appropriate part.
Corrected.
- In addition to a description of the subject, the place of study of previous studies and their results should be summarized and the reason for the research should be clearly stated at the end of Introduction. According to my opinion, stating P-value is not correct in the Introduction.

Corrected.
Methodology:
- The method of determining the sample size is not specified whether it was based on the formula of similar studies or it has been done in consensus during certain period of time. (Although the study time has been stated).
*The sample size was calculated to be 40 for each group by use a web-based formula (*http://biostatapps.inonu.edu.tr/WSSPAS/*) and Alpha= 0.05, 1-beta= 0.9 and effect size= 0.71.*
- The fisher exact method is correct and needs to be corrected.
Corrected.
Result :
-There is typing mistake in the phrase " abdominal distention" in line 113 and should be corrected.
Corrected.
Discussion :
-Pay attention to stating references in the text.
Corrected.
- The authors generalized and did not mention the details in comparing the results of other studies with their study.
Compared with another update studies.
- Should use the third person pronoun in stating others' studies in order not to be mistaken with theirs.
Corrected.
Reference:
The references should be written according to the journal's guidelines. Some of the given references were not in a correct style (the pages were not written correctly).
Corrected.
In summary, I recommend to use other related Iranian studies about LMA which were published in this journal. This manuscript needs to major revisions in order to be published in this journal and also English grammatical errors should be correct.
Added and updated.
With best regards:

Reviewer 3:
Dear AE
My suggestions are as bellows :
1- It is better to mention the study main goal in the title. You just said "efficacy". What do you mean of "efficacy"?
Mentioned. Efficacy is mean compare od outcome in two methods.
2- Omit the analysis method in the abstract of the article.
Done.
3- Explain about the randomization method in sampling of two study groups.
Simple randomization method is used which is given a code to each patient by using a computer generated random numbers table (MedCalc version 16). Participants were randomly assigned to groups (1:1).
4- How do you explain ethical aspects of probably micro aspiration due to LMA insertion specially during long operation?
Based on similar study, micro aspiration is few and their have no problem for patients.
5- As you know, during mechanical ventilation, death space which is in the ventilation machine pipes can influence the recurrent amount of carbon dioxide index. So how do you justify it? Do not you think that it is better to cite to ABG instead of ETco2?
The Etco was checked continuously and at all times throughout the surgery, and for this reason it was better than ABG.
5- Add numerical values in result part of abstract.

Added.

6- Explain about limitation of this study.

The limitation in our study was included: amount of airway bleeding due to laryngospasm, bronchospasm was not measurable.

7- Also the fluency of writing this article is not appropriate and there are many dictations and grammatical errors need to be revised in this article.

Rewrote again.

8- Need some more related references.

Updated.

Finally it seems that this article needs to great changes and is not appropriate for publishing.

With best regards

OPEN PEER REVIEW

Revision (1)

REFEREE : EIC

21 Feb 2022

Need some up-date at references section

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

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You can read the authors' responses to the reviewers' comments in the next page.

Reviewers' Comments:

Some references have been updated.

OPEN PEER REVIEW

Revision (2)

REFEREE : EIC

24 Feb 2022

Accept