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-123205
Published in: Anesthesiology and Pain Medicine: 12(3) ; e123205

Peer Review Report for "Evaluation of Ventilation with Nasal Versus Face Mask After General Anesthesia Induction in Pediatric Patients"

Author(s): Omid Aghadavoudi, Dorsa Beheshtiparvar, Amir Shafa

Review Timeline:

Submit Date:	7 Feb 2022
Revised Date:	10 Apr 2022
Accepted Date:	19 Jul 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 : EIC

22 Feb 2022

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.

Evaluation of Ventilation with Nasal versus Facial Mask after Induction of General Anesthesia in Pediatric Patients

> Reviewers' Comments:

Reviewer 1:
The authors compared nasal and facial Masks after Induction of General Anesthesia. According to the following comments, this manuscript needs Major revision before publication.
1. The duration time for the estimation of ventilation quality is limited and only 3 consecutive breathes were evaluated. Please ensure that this enough time to assess the quality of the ventilation

We performed this assessment after the second minute of initiating ventilation, which was almost balanced and kept the mask steady, and used three breaths for more accuracy instead of one breath.
It should be noted that this method has been expressed in previous studies, which was placed below the link. We referenced this part. Page 6, lines 8 and 9
https://aacc.tums.ac.ir/index.php/aacc/article/view/189

2. It must be explained why ETCO2 was raised in 5 minutes after mechanical ventilation?

This can be explained by the fact that at 5 minutes after ventilation, the nasal mask method can actually be as good as the face mask method. Therefore, considering that the ETCO2 in nasal method was better in the second minute after ventilation, this method may be considered more appropriate. However, further studies are needed.

This issue was included in the discussion. Page 8; lines 18-22.

3. The technical facility of mask ventilation must be clarified in two groups.

Table 1 reports Expiratory Flow Volume, Maximum Airway Pressure, and EtCO2 in the second minute after the start of ventilation and the fifth minute after endotracheal intubation. Page 16; Table 1

4. In inclusion criteria, patients must be considered for hypertrophy of adenoids, tonsils and tongue.

It should be noted that before surgery, patients were evaluated for airway obstruction and excluded if there was any airway obstruction (such as hypertrophy of the adenoids, tonsils, and tongue). Due to the accuracy of the esteemed referee, these cases were added and highlighted. Page 5; lines 9, 10.

5. The paper must be checked for grammatical errors

The whole article was checked.

Reviewer 2:
Hello
Despite being old, the subject helps to learn more about the optimal use of existing tools such as Nasal Mask.
In the study, an increase in PEco2 in second minutes was reported, but no justification was given.
This increase indicates that the airway patency is much better maintained during nasal mask ventilation.
It was also better that the intragastric pressure was compared between the two groups.

A related commentary was added and highlighted in the text. It should be noted that we did not compare intragastric pressure between the two groups. Page 8; lines 18-22.

Reviewer 3:
The design of the study is not that clear and what the benefit of it would be in pediatric group? because the ventilation is not an issue in this age range and if the right maneuvers are taken as well as position. I saw your previous study in obese patients which is does make sense but as tiny structures in pediatrics it does not seem beneficial .

Respecting the opinion of the esteemed reviewer, in fact, it can be said that the lack of study of this issue in children has been one of the strengths of this study. As mentioned, similar studies have been performed on obese patients, but so far it has not been considered whether children can be ventilated due to the different shape of the face and the lack of precise fixation of the mask on their face. Did he use the nasal airway or not?

In this study, we encountered good results. And this study could motivate other researchers to do more studies on patients in these age groups.

OPEN PEER REVIEW

Revision (1)

REFEREE : EIC

19 Jul 2022

Accept