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 "A Clinical Trial on the Effects of Different Regimens of Phenylephrine on Maternal Hemodynamic After Spinal Anesthesia for Cesarean Section"

Author(s): mahshid nikooseresht, Mohammad Ali Seifrabiei, Pouran Hajian, Shadab Khamooshi

Review Timeline:

Submit Date: 15 Jul 2017
Revised Date: 5 May 2020
Accepted Date: 28 May 2020

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) 17 Nov 2017

Dear AE,
Thank you for inviting me in the process of review of this Article.
Title :
- The title should be changed to " The effects of different regimens of phenylephrine on maternal hemodynamic after spinal anesthesia for cesarean section "
Keyword:
- The word Cesarean should be changed to Cesarean section.
Method:
- Type and volume of crystalloid infusion during procedure should be mentioned.
- The time of induction of spinal Anesthesia to delivery and complete block should be reported because sometimes the delivery time may be before the complete block.
- The number of spotty or failed anesthesia was not reported in any of the groups.
- The sample size calculation or justification and the power of the study should be declared.
Results:
- The numbers in the tables are not correctly documented, and the value measures such as

"mean" should be stated.

References :

- Most of the References are too old , New references should be substitute.

Thanks.

REFEREE: Associate Editor | **Revision (0)** 19 Nov 2017

Dear EIC,

With great thanks for your invitation, Following are my comments and reviews on certain points of the study:

Title:

- It is suggested to remove the word "prophylactic" from the title or, to write instead: "The effect of different regimens of phenylephrine in prevention and treatment of hypotension caused by spinal anesthesia in caesarean section." As the first group is in fact hypotension treatment.

Abstract

- No mention of infants Apgar score comparison in the Methods section.
- Error in p value report of "less than 0.05" for HR comparison of the groups in the results section.

Methods

- Sample size calculation method is not explained.
- It is suggested to include the Consort diagram, as it seems a little unlikely that all 120 cases had successfully concluded the study. For example, wasn't there any case of unsuccessful spinal which had resulted to its exclusion from the study?
- It is stated, in regard to timing protocol and variable inscription of the study, that the anesthesia level was evaluated at the fifth minute after the spinal procedure. Naturally, the surgery has been conducted afterwards and meanwhile, the collecting of the hemodynamic variables was supposed to be continued until infant's delivery, nevertheless, the statistical analysis is stopped at the seventh minute after spinal anesthesia induction, meaning the surgery lasted only two minutes, which is highly unlikely.

Results

- The redaction is not simple and fluent, and the progression of subjects is not suitable.
- The comparisons needed to be carried out in a one-by-one manner. (3 comparisons in total and P values for each variable).
- Incoherency in HR mean report: "no difference between first and sixth minutes" and "different between groups immediately after the spinal anesthesia"
- Regarding group denomination, it is advised to define them one time and then use abbreviations for further mentions.

Conclusion

- Reiteration of reference number 18.
- It is necessary to elaborate on the subject of the incoherency of different studies on the occurrence of nausea & vomiting and hypertension in order to find the reason.
- The manuscript needs total English grammar and redaction revision.

Regards

REFEREE: EIC | **Revision (0)** 21 Nov 2017

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 Editor:

We thank the Referee for his/her interest in our work and for helpful comments that will greatly improve the manuscript and we have tried to do our best to respond to the points raised. The Referee has brought up good points and we appreciate the opportunity to clarify our research objectives and results. As indicated below, we have checked all the comments provided by the Referee and have made necessary changes accordingly to his/her indications.

Best Regards

Reviewers' Comments:

Reviewer 1:
Thank you for inviting me in the process of review of this Article.
Title:
The title should be changed to "The effects of different regimens of phenylephrine on maternal hemodynamic after spinal anesthesia for cesarean section "

Edited according to reviewer's comment.

Key word:
The word Cesarean should be changed to Cesarean section.

Changed *according to reviewer's comment.*
Method:
-Type and volume of crystalloid infusion during procedure should be mentioned.

The type and volume of crystalloid infusion was reported as: - volume: 10 ml/kg IV

- Type: Ringer's lactate

-The time of induction of spinal Anesthesia to delivery and complete block should be reported because sometimes the delivery time may be before the complete block.

Edited according to reviewers comments.

All patients were allowed to start the operation after T4-T5 anesthesia was assured.

The patients were excluded, if the spinal induction time to delivery was more than 10 minutes.

The mean duration of spinal anesthesia to delivery time in study groups was added to Table 1.

-The number of spotty or failed anesthesia was not reported in any of the groups.

The number of failed anesthesia in group 1and 2, respectively, were one and 3 patients.

The group 3 did not have any failed anesthesia.

A consort diagram were added.

-The sample size calculation or justification and the power of the study should be declared.

Edited according to reviewer's comment.

Results:
The numbers in the tables are not correctly documented , and the value's measures such as "mean" should be stated.

Edited according to reviewer's comment.

References :
Most of the References are too old , New references should be substitute.

Updated according to reviewer's comment.

Associate Editor's Comments:

Associate Editor 1:
Dear EIC of Anesthesiology & pain medicine
With great thanks for your invitation, Following are my comments and reviews on certain points of the study:

Title:
- It is suggested to remove the word "prophylactic" from the title or, to write instead: "The effect of different regimens of phenylephrine in prevention and treatment of hypotension caused by spinal anesthesia in caesarean section." As the first group is in fact hypotension treatment.

Edited according to reviewer's comment.

Abstract
- No mention of infants Apgar score comparison in the Methods section.

Edited according to reviewer's comment.

- Error in p value report of "less than 0.05" for HR comparison of the groups in the results section.

Edited according to reviewer's comment.

Methods

- Sample size calculation method is not explained.

Edited according to reviewer's comment.

- It is suggested to include the Consort diagram, as it seems a little unlikely that all 120 cases had successfully concluded the study. For example, wasn't there any case of unsuccessful spinal which had resulted to its exclusion from the study?

Updated according to reviewers comment.

- It is stated, in regard to timing protocol and variable inscription of the study, that the anesthesia level was evaluated at the fifth minute after the spinal procedure. Naturally, the surgery has been conducted afterwards and meanwhile, the collecting of the hemodynamic variables was supposed to be continued until infant's delivery, nevertheless, the statistical analysis is stopped at the seventh minute after spinal anesthesia induction, meaning the surgery lasted only two minutes, which is highly unlikely.

The patients' blood pressure were measured until the infants' delivery which is the maximum time of hypotension and it was up to 10 minutes.

Also we compared the blood pressure between groups at 8 and 10 minutes.

The results were added to table.2.

-

Results

- The redaction is not simple and fluent, and the progression of subjects is not suitable.

- The comparisons needed to be carried out in a one-by-one manner. (3 comparisons in total and P values for each variable).

Edited according to reviewer's comment.

- Incoherency in HR mean report: "no difference between first and sixth minutes" and "different between groups immediately after the spinal anesthesia"

Edited according to reviewer's comment.

- Regarding group denomination, it is advised to define them one time and then use abbreviations for further mentions.

Edited according to reviewer's comment.

Conclusion

- Reiteration of reference number 18.

- It is necessary to elaborate on the subject of the incoherency of different studies on the occurrence of

nausea & vomiting and hypertension in order to find the reason.
- The manuscript needs total English grammar and redaction revision.

Edited according to reviewer's comment.

References
- Consider below ref:
1) Faiz SHR, Rahimzadeh P, Imani F, Bakhtiari A. Intrathecal injection of magnesium sulfate: shivering prevention during cesarean section: a randomized, double-blinded, controlled study. Korean J Anesthesiol. 2013;65(4):293–8.
2) Faiz SHR, Rahimzadeh P, Sakhaei M, Imani F, Derakhshan P. Anesthetic effects of adding intrathecal neostigmine or magnesium sulphate to bupivacaine in patients under lower extremities surgeries. J Res Med Sci. 2012;17(10):918-22.
3) Fathi M, Imani F, Joudi M, Gudarzi V. Comparison the Effects of Ringer`s Lactate and Hydroxyethyl Starch on Hemodynamic Parameter After Spinal Anesthesia: A Randomized Clinical Trial. Anesth Pain Med. 2013;2(3):127-33.
4) Imani F, Entezary SR, Alebouyeh MR, Parhizgar S. The maternal and neonatal effects of adding tramadol to 2% lidocaine in epidural anesthesia for cesarean section. Anesth Pain Med. 2011;1(1):25-9.

Edited according to reviewer's comment.
Regards

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: Associate Editor | **Revision** (1) 19 Mar 2020

Dear EIC
Based on reviewer comments, author could try to correct the majority of recommendation. The only thing left is references correction that should be doing before publishing.
Regards

REFEREE: EIC | **Revision** (1) 19 Mar 2020

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

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.

Dear Editor:

We thank the Referee for his/her interest in our work and for helpful comments that will greatly improve the manuscript and we have tried to do our best to respond to the points raised. The Referee has brought up good points and we appreciate the opportunity to clarify our research objectives and results.

Best Regards

Reviewers' Comments:

Reviewer 1:
Dear Editor in Chief
The revised manuscript #58048 was reviewed. Below is my comments:
Regard to previous comments about considering four suggested references:
1st ref) Please add reference of this sentence at Reference section:
"In a study by Faiz et al., the effects of intrathecal injection of magnesium sulfate (MgSO4) to bupivacaine on perioperative shivering in patients..."
2nd ref) it was added as ref#19 and is okay
Two last (3rd and 4th) recommended references (as below) were not added
Fathi M, Imani F, Joudi M, Gudarzi V. Comparison the Effects of Ringer`s Lactate and Hydroxyethyl Starch on Hemodynamic Parameter After Spinal Anesthesia: A Randomized Clinical Trial. Anesth Pain Med. 2013;2(3):127-33.
Imani F, Entezary SR, Alebouyeh MR, Parhizgar S. The maternal and neonatal effects of adding tramadol to 2% lidocaine in epidural anesthesia for cesarean section. Anesth Pain Med. 2011;1(1):25-9
Sincerely

Associate Editor's Comments:

Associate Editor 1:
Dear EIC
Based on reviewer comments, author could try to correct the majority of recommendation. The only thing left is references correction that should be doing before publishing.
Regards
AE

We thank the respected editor and reviewer for this valuable comments, we have added the 2 last references in the new version of the paper.

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) — 28 May 2020

Dear AE,
The revised manuscript ID#58048 was reviewed. The majority of the requested items were corrected. Now it is acceptable.
Sincerely

REFEREE: Associate Editor | **Revision** (2) — 28 May 2020

Dear EIC
Based on reviewer comments, this revision format can be considered for publishing at Anesth Pain Med.
Regards

REFEREE: EIC | **Revision** (2) — 28 May 2020

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.