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 "Comparison of the Ketamine-Lidocaine and Fentanyl-Lidocaine in Postoperative Analgesia in Axillary Block in Upper Limb Fractures By Ultrasound Guidance"

Author(s): Reza Akhondzadeh, Mahboobe Rashidi, Mohammadreza Gousheh, Alireza Olapour, Bahrammohamad Tasbihi

Review Timeline:

Submit Date: 29 Apr 2019
Revised Date: 12 Oct 2019
Accepted Date: 25 Oct 2019

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) — 24 May 2019

Dear AE,
The chosen subject has become very common recently as mentioned in the background of the article. Two drugs that are used frequently in the surgery are ketamine and fentanyl so the article and the subject seemed interesting. Plagiarism was not detected. The analysis method of the manuscript was very accurate and the results were satisfying. Referencing and citations were good. Correct and proper English writing was used.
Thanks.

REFEREE: Reviewer | **Revision** (0) — 31 May 2019

Dear AE,
1- In the title, it should be written “ultrasound guidance” instead of guided.
2- If the aim of the study is to interfere with drug effects on postoperative analgesia why the authors didn’t insert catheters in site of injection to achieve this purpose?
3- In the background section first paragraph has not any relation to the subject of study.

4- Pages and paragraphs of reference number five should be noted in the reference section.
5- Grammatical mistakes and errors must be corrected in all parts of the manuscript.
6- It is unclear whether tourniquet was used in procedures and that has had an effect on pain scores or hemodynamic stability.
7- It is better to note synthetic opioids instead of artificial ones about fentanyl.
8- In background section row eleven “nerve plexus” is correct.
9- In exclusion criteria history of any kind of seizure has not been considered.
10- The conductors have used lidocaine per Kg and not volume-based in the axillary block, didn’t this issue affect the quality and duration of analgesia?
11- Why ketamine and fentanyl were used in fixed-doses while the different weights of patients may affect study results?
12- Any prolongation of surgery time besides abnormal bleeding have not been mentioned.
Regards.

REFEREE: Associate Editor | **Revision (0)** 5 Jun 2019

Dear EIC,
Based on reviewers' comments this manuscript needs minor revision before publishing at Anesth Pain Med. Also, recommend to consider the below references:
- Faiz HR, Imani F, Entezary SR, Ziaifard M, Koleini ZS, Rahimzadeh P. Adding 5% Dextrose Water to Bupivacaine in Ultrasound-Guided Axillary Brachial Plexus Block. Ann Anesthesiology Crit Care. 2016;1(1):e8313.
- Imani F, Faiz HR, M Sedaghat, Hajiashrafi M. Effects of Adding Ketamine to Fentanyl Plus Acetaminophen on Postoperative Pain by Patient Controlled Analgesia in Abdominal Surgery. Anesth Pain Med. 2014;4(1):e12162.
- Jafarian AA, Imani F, Salehi R, Mazaher FN, Moini F. Simple Arm Tourniquet as an Adjunct to Double-Cuff Tourniquet in Intravenous Regional Anesthesia. Anesth Pain Med. 2016;6(3):e29316.
Sincerely yours
AE

REFEREE: EIC | **Revision (0)** 5 Jun 2019

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 (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.

- 1-Was corrected
- 2-The purpose of this study was to evaluate the effect of bolus dose of drugs. Also, due to the operating room conditions and wards, it was not possible to place the catheter.
- 3- Was corrected
- 4- Was corrected
- 5- Was corrected
- 6- In all surgical procedures the tourniquet was used. None of the patients complained of pain at the site of the tourniquet. The use of the tourniquet did not affect the hemodynamics of patients.
- 7- Was corrected
- 8- Was corrected
- 9- Was corrected.in our study None of the patients had a history of seizure
- 10- The dose of local anesthetic was based on the weight of the patients and to some extent, the volume needed for the block was provided. The weight of the patients was between 64 and 86 kg. According to the Miller's textbook, the required volume of local anesthetic for major nerve blocks is 30-50 milliliter .Therefore, it would seem appropriate to choose it based on the patient's weight.
- 11- Optimal dosage for fentanyl and ketamine as an adjuvant in peripheral nerve blocks is not defined. also, In most studies, the fixed dose of these drugs has been used.
- 12- Considering the use of tourniquet in surgeries, Bleeding for all patients was negligible. The length of surgeries was added.

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) 5 Jul 2019

Dear AE,
This manuscript needs some more corrections as following:
1) Table 2 and 3: writing second decimal at parameters are unprofessional for example VAS at 9th hrs=3.40±0.274 is unusual, and 3.4±0.2 was enough
2) Pay more attention and write ALL references entirely based on Vancouver system and Anesth Pain Med journal format, such as below:
Olapour AR, Mohtadi A R, Soltanzadeh M, Ghomeishi A, Akhondzadeh R, Jafari M. The Effect of Intravenous Magnesium Sulfate Versus Intravenous Sufentanil on the Duration of Analgesia and Postoperative Pain in Patients with Tibia Fracture, Anesth Pain Med. 2017;7(2):e44035.
3) Pay more attention to previous comments of reviewer for considering below references:
*Faiz HR, Imani F, Entezary SR, Ziaifard M, Koleini ZS, Rahimzadeh P. Adding 5% Dextrose Water to Bupivacaine in Ultrasound-Guided Axillary Brachial Plexus Block. Ann Anesthesiology Crit Care. 2016;1(1):e8313.
*Imani F, Faiz HR, M Sedaghat, Hajiashrafi M. Effects of Adding Ketamine to Fentanyl Plus Acetaminophen on Postoperative Pain by Patient Controlled Analgesia in Abdominal Surgery. Anesth Pain Med. 2014;4(1):e12162.
*Jafarian AA, Imani F, Salehi R, Mazaher FN, Moini F. Simple Arm Tourniquet as an Adjunct to Double-Cuff Tourniquet in Intravenous Regional Anesthesia. Anesth Pain Med. 2016;6(3):e29316.
Regards

REFEREE: Associate Editor | **Revision** (1) 5 Jul 2019

Dear EIC,
Based on reviewer comments this revised format needs Minor revision.
Sincerely
AE

REFEREE: EIC | **Revision** (1) 5 Jul 2019

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 editor in chief

Thanks for review and comments.

1) Table 2 and 3: writing second decimal at parameters are unprofessional for example: VAS at 9th hrs=3.40±0.274 is unusual, and 3.4±0.2 was enough

Answer: The numbers were written up to one decimal place.

Comment: Pay more attention and write ALL references entirely based on Vancouver system and Anesth Pain Med journal format, such as below:
Olapour AR, Mohtadi A R, Soltanzadeh M, Ghomeishi A, Akhondzadeh R, Jafari M. The Effect of Intravenous Magnesium Sulfate Versus Intravenous Sufentanil on the Duration of Analgesia and Postoperative Pain in Patients with Tibia Fracture, Anesth Pain Med. 2017;7(2):e44035.

Answer: The format was changed based on Vancouver system

3) Pay more attention to previous comments of reviewer for considering below references:
**Faiz HR, Imani F, Entezary SR, Ziaifard M, Koleini ZS, Rahimzadeh P. Adding 5% Dextrose Water to Bupivacaine in Ultrasound-Guided Axillary Brachial Plexus Block. Ann Anesthesiology Crit Care. 2016;1(1):e8313.*
**Imani F, Faiz HR, M Sedaghat, Hajiashrafi M. Effects of Adding Ketamine to Fentanyl Plus Acetaminophen on Postoperative Pain by Patient Controlled Analgesia in Abdominal Surgery. Anesth Pain Med. 2014;4(1):e12162.*
**Jafarian AA, Imani F, Salehi R, Mazaher FN, Moini F. Simple Arm Tourniquet as an Adjunct to Double-Cuff Tourniquet in Intravenous Regional Anesthesia. Anesth Pain Med. 2016;6(3):e29316.*
Regards

Answer: The paper 1 and 2 were mentioned to introduction and inserted to references list as reference number 3 and 12.

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) — 25 Oct 2019

Dear AE
Thank you for your inviting me. The majority of problems at this revised manuscript was resolved. There for it is acceptable.
Sincerely yours

REFEREE: Associate Editor | **Revision** (2) — 25 Oct 2019

Dear EIC
Based on reviewer comments the requested items was corrected, and now it is ready for publishing. Please correct the title due to duplication during wring.
Final decision: Acceptance
Regards
AE

REFEREE: EIC | **Revision** (2) — 25 Oct 2019

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