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 "Effects of Liberal Versus Restrictive Fluid Therapy on Renal Function Indices in Laparoscopic Bariatric Surgery"

Author(s): Mahzad Alimian, Masood Mohseni, Omid Moradi Moghadam, Seyed Alireza Seyed Siamdoust, Javad Moazzami

Review Timeline:

Submit Date: 1 Oct 2019
Revised Date: 16 Aug 2020
Accepted Date: 7 Sep 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) — 31 Oct 2019

Dear AE,
There are some comments which should be addressed by the author:
1- What do you do if blood pressure drops ? and was arterline monitoring available?
2- Please send a table of variables. Is the duration of surgery between the variables?
3- Please refer to the table of liquids given in both groups, do you have a great difference between both groups because in these surgeries there is not any bleeding or third space ??????
4- Use new articles for references.
Thanks.

REFEREE: Reviewer | **Revision** (0) — 8 Nov 2019

Dear AE,
Here are the points regarding the manuscript:
1- Was it a blinded study? if yes, describe how and mention specifically.
2- Mention the sample size formula.
3- Please mention the type of bypass surgery(Sleeve, classic) in table 1 and compare it in

groups.
4- Mention the time of surgeries on the table.
5- Did you use Sondage? in the liberal group.
6- How much was the amount of average fluid used in the two groups.
7- Insert Flow chart diagram.
8- Please replace the old references (before 2010).
Thanks.

REFEREE: Associate Editor | **Revision (0)** 8 Nov 2019

Dear EIC,
Thanks for inviting me.
The manuscript needs MINOR revision.
Thanks.

REFEREE: Associate Editor | **Revision (0)** 9 Nov 2019

Dear EIC,
Please consider the below references for increasing the quality of your article:
- Hosseinzadeh Maleki M, Derakhshan P, Rahmanian Sharifabad A, Amouzeshi A. Comparing the Effects of 5% Albumin and 6% Hydroxyethyl Starch 130/0.4 (Voluven) on Renal Function as Priming Solutions for Cardiopulmonary Bypass
Anesth Pain Med 2016; 6(1)
- Mirhosseini H, Avazbakhsh M H, Hosseini Amiri M, Entezari A, Bidaki R. Effect of Oral Clonidine on Shoulder Tip Pain and Hemodynamic Response After Laparoscopic Cholecystectomy. Anesth Pain Med 2017; 7(6)
- Imani F, Shirani Amniyeh F, Bastan Hagh E, Khajavi M R, Samimi S, et al. Comparison of Arterial Oxygenation Following Head-Down and Head-Up Laparoscopic Surgery. Anesth Pain Med 2017 ; 7(6)
- Murthy TK K, Kumar PV V. Effect of Perioperative Intravenous Lignocaine Infusion on Haemodynamic Responses and postoperative Analgesia in Laparoscopic Cholecystectomy Surgeries. Anesth Pain Med 2018 ; 8(2)
- Aditianingsih D, Mochtar C A, Chandra S, Sukmono R B, Soamole I W. Comparison of Three-Quadrant Transversus Abdominis Plane Block and Continuous Epidural Block for Postoperative Analgesia After Transperitoneal Laparoscopic Nephrectomy. Anesth Pain Med 2018 ; 8(5)
- Albooghobeish M, Ghomeishi A, Adarvishi S, Neisi A, Mahmoodi K, et al. The Effect of Preoperative Zintoma Capsule on Postoperative Nausea and Vomiting After Laparoscopic Cholecystectomy. Anesth Pain Med 2018 ; 8(5)
- Davari-Tanha F , Samimi S, Khalaj Z, Bastanhagh E. Comparison of Intraperitoneal Normal Saline Infusion with Pulmonary Recruitment Maneuver in Reducing Shoulder and Upper Abdomen Pain Following Gynecologic Laparoscopic Procedures. Anesth Pain Med 2018 ; 9(3)
Regards

REFEREE: EIC | **Revision (0)** 9 Nov 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.

Dear professor Imani,

Thanks for the meticulous review.

The responses to the queries are followed. Changes in the manuscript have been highlighted.

Best regards,

Masood Mohseni

Reviewers' Comments:

Reviewer 1:

What do you do if blood pressure drops ?and was arterline monitoring available?

Drops in blood pressure were treated with the least effective doses of ephedrine. High blood pressures were controlled with incremental doses of labetalol. We did not use arterial line. NIBP with 5-minute interval was used.

Is the duration of surgery between the variables?

Added to table 1.

Please refer to the table of liquids given in both groups , do you have great different between both groups because in this surgeries there is not any bleeding or third space ??????

Added to the results section.

Use new articles for references.

Updated.

Reviewer 2:

Here are the points regarding the manuscript:

Was it a blinded study? if yes, describe how and mention specifically.

It was mentioned in the manuscript. The study was double-blinded. Both the patients and the outcome assessor were blinded to the assignments.

Mention the sample size formula.

Added to the text.

Please mention the type of bypass surgery (Sleeve, classic) in table 1 and compare it in groups.

Added to the Table 1.

Mention the time of surgeries in the table.

Added to the Table 1.

Did you use Sondage? in the liberal group.

In both groups, urinary catheterization with a single use nelaton was performed for patients before awakening at the end of surgery and urine volume was measured.

How much was the amount of average fluid used in two groups.

Added to the text.

Please replace the old references

References have been updated.

Associate Editor's Comments:

Associate Editor 1:

Thanks for inviting me.

The manuscript needs MINOR revision

Associate Editor 2:

Dear Author

Please consider below references for increasing the quality of your article:

Thanks for the suggestions. References have been updated and added, as appropriate. (References 16-18 & 19-21).

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.

Poupak Rahimzadeh: Reviewer | **Revision** (1) — 6 Sep 2020

Dear AE,
The revised manuscript is ready for publication.
Best

Poupak Rahimzadeh: Associate Editor | **Revision** (1) — 6 Sep 2020

Dear EIC
The manuscript is accepted.
Regards

REFEREE: EIC | **Revision** (1) — 7 Sep 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.