OPEN PEER REVIEW

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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://brief.land/kowsar/knowledgebase/category/tree.html#opr.html

Anesthesiology and Pain Medicine
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Peer Review Report for "Upper Airway Nerve Block for Rigid Bronchoscopy in the Patients with Tracheal Stenosis: A Case Serie"

Author(s): Parviz Amri, Novin Nikbakhsh, Seyed Reza Modaress, Ramin Nosrati

Review Timeline:

Submit Date: 28 Mar 2020
Revised Date: 19 May 2020
Accepted Date: 6 Jun 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) 20 Apr 2020

Dear AE,
Thanks for inviting me.
Comments for the authors:
1-In the introduction of this article ,other possible methods for this procedure and the importance of this method in this article will be explaind
2- The percentage of tracheal stenosis in patients is the same in all of them and all the dilution has been done for them .which part of the tracheal is diluted?
3-what are exclusion criterias in cases?
4-would you please correct spelling mistakes? (for example with nerve bloke with spontaneous)
5-Were these procedures performed by these 15 years?
6-The following references may be useful:
-Derakhshan P, Faiz SH, Mohseni M, Yazdi A. Comparison of intravenous and transtracheal lidocaine on hemodynamic changes in patients with hypertension following

tracheal intubation: A double blind clinical trial. Trends in Anaesthesia and Critical Care. 2019 Dec 1;29:35-9.

-Green MS, J. Mathew J, J. Michos L, Green P, M. Aman M. Using Bronchoscopy to Detect Acquired Tracheoesophageal Fistula in Mechanically Ventilated Patients, Anesth Pain Med. 2017;7(4):e57801

7-what is your sedation score?

8- How did you estimate the surgeon's satisfaction?

9-The discussion is very brief and incomplete .Please correct this section according to the principles of essay writing.

Thanks.

REFEREE: Reviewer | **Revision** (0) 7 May 2020

Dear AE,

Comments for the authors:

- The manuscript subject seems interesting. According to the overall evaluation, no plagiarism was detected. The analysis method of the manuscript was satisfying.
- Results seem logically true and reliable.
- Correct referencing and citations.
- Correct and proper English writing with no errors.

Thanks.

REFEREE: Associate Editor | **Revision** (0) 8 May 2020

Dear EIC

The manuscript needs MAJOR revision.

The following reference may be useful:

Pournajafian, A.R., Ghodraty, M.R., Faiz, S.H.R., Rahimzadeh P, Dogmehchi, E. Comparing glidescope video laryngoscope and macintosh laryngoscope regarding hemodynamic responses during orotracheal intubation: A randomized controlled trial.Iranian Red Crescent Medical Journal, 2014, 16(4),e12334

Regards

REFEREE: EIC | **Revision** (0) 9 May 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 (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 Prof. Farnad Imani

Editor-in-Chief

Anesthesiology and Pain Medicine

Thanks for your comments about our manuscript " Upper airway nerve block for rigid bronchoscopy in the patients with tracheal stenosis: A Case series " with article **ID: 99796**

The mentioned comments have been considered in the revised article. A list of changes has been summarized below. Revised points have been highlighted in yellow.

Reviewer 1 Comments	**Changes in the manuscript**
1-In the introduction of this article ,other possible methods for this procedure and the importance of this method in this article will be explaind	There are several methods to management of anesthesia for rigid bronchoscopy in the tracheal stenosis (6-12): 1- Apneic oxygenation. In this method, the patient is given 100% oxygen before induction of anesthesia with intravenous anesthetic drugs. And the anesthesiologist has to completely stop the ventilation. The surgeon is allowed to work for 3 minutes or a little longer. In this method, there is a risk of hypoxia and hypercarbia. 2- Positive pressure ventilation through the bronchoscope. In this method, after complete anesthesia of the patient with intravenous drugs and rigid bronchoscopy, positive pressure ventilation is performed through the bronchoscope circuit. In this method, due to the risk of high air leakage, it causes low ventilation and contamination of the operating room. 3- Jet ventilation method. In this method, after induction of anesthesia of the patient and placing the catheter inside the airway with a manual injector, ventilation is performed at high speed but with a low respiratory rate. In this method, the risk of hypoventilation and barotrauma is high. 4- The method of maintaining spontaneous ventilation during bronchoscopy includes induction of anesthesia with inhaled anesthetics, and the method of nerve blocks of the upper airway.
2- The percentage of tracheal stenosis in patients is the same in all of them and all the dilation has been done for them .which part of the tracheal is dilated?	Determining the location of the stenosis and the severity of the stenosis were not the goals of this study. All patients who were diagnosed with CT scans from carina to

	Subglottic area were candidate for bronchoscopy.
3-what are exclusion criterias in cases?	Patients with the following conditions were excluded: Not accepting the method of nerve block by the patient, coagulopathy, full stomach, allergy to local anesthesia and local pathology.
4-would you please correct spelling mistakes?(for example with nerve bloke with spontaneous)	Thanks for remember these mistakes.
5-Were these procedures performed by these 15 years?	In the operation room, all patient with diagnosis of tracheal stenosis was scheduled for rigid bronchoscopy at Shahid Behshti and rouhani Hospital of Babol University of Medical Sciences.
6-The following references may be useful: *-Derakhshan P, Faiz SH, Mohseni M, Yazdi A. Comparison of intravenous and transtracheal lidocaine on hemodynamic changes in patients with hypertension following tracheal intubation: A double blind clinical trial. Trends in Anaesthesia and Critical Care. 2019 Dec 1;29:35-9.* *-Green MS, J. Mathew J, J. Michos L, Green P, M. Aman M. Using Bronchoscopy to Detect Acquired Tracheoesophageal Fistula in Mechanically Ventilated Patients, Anesth Pain Med. 2017;7(4):e57801*	I made this recommendation.
7-what is your sedation score?	Patient comfort and sedation score were determined based on Ramsay Sedation Scale. When the rate of sedation and comfort based on Ramsey's score was 2 (Patient is cooperative, oriented, and tranquil) or 3(Patient responds only to commands), the procedure was performed.
8- How did you estimate the surgeon's satisfaction?	Patient and thoracic surgeon's satisfaction were determined on a Likert scale from 0 (completely dissatisfied) to 10 (very satisfied).
9-The discussion is very brief and incomplete .Please correct this section according to the principles of essay writing.	We correct the incomplete discussion.
Reviewer 2 Comments	**Changes in the manuscript**
Manuscript subject seems interesting. *According to overall evaluation no plagiarism was detected. Analysis method of the manuscript was satisfying.* *Results seems logically true and reliable.* *Correct referencing and citations.* *Correct and proper English writing with no errors.*	Reviewer 2: No comment

Associate Editor's Comments:	**Changes in the manuscript**
1)The following reference may be useful: Pournajafian, A.R., Ghodraty, M.R., Faiz, S.H.R., Rahimzadeh P, Dogmehchi, E. Comparing glidescope video laryngoscope and macintosh laryngoscope regarding hemodynamic responses during orotracheal intubation: A randomized controlled trial.Iranian Red Crescent Medical Journal, 2014, 16(4),e12334	I made this recommendation.

We look forward to receive your valuable comments.

Corresponding Author

Parviz Amri

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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) — 6 Jun 2020

Dear AE
Thanks for the invitation.
The revised manuscript is accepted.
The authors should correct reference no 5. and omit this sentence: The following reference may be useful.
Best

REFEREE: Associate Editor | **Revision** (1) — 6 Jun 2020

Dear EIC
The revised manuscript is accepted.
Only one reference needs rewriting.
Best

REFEREE: EIC | **Revision** (1) — 6 Jun 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.