Fertility, Gynecology and Andrology
Volume 4 · Issue 1 · e147734

OPEN PEER REVIEW

The Effect of Manual Maneuver on Shoulder Pain of Laparoscopic Gynecology Surgery, a Randomized Clinical Trial Study

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SUBMITTED	REVISED	ACCEPTED	DOI
20 Apr 2024	29 May 2024	24 Jul 2024	10.5812/fga-147734

About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

2 comments · 7 May 2024 – 13 May 2024

Zohreh Heidary Reviewer

MINOR REVISION 7 May 2024

Thanks to the respected author, please consider the following comments:

Overall, the discussion provides valuable insights into the impact of manual maneuvers on pain management and highlights the importance of tailored interventions to address postoperative complications effectively.

As for criticisms that could be added to the article, some potential points to consider include:

1. Lack of specific examples or case studies to support the claims made in the study.

2. Limited discussion on potential limitations or biases in the research methodology.

3. Absence of comparison with other similar studies or alternative approaches to managing shoulder pain post-laparoscopic surgery.

Good luck

Referee 1 Reviewer

MINOR REVISION 13 May 2024

Thank you to the authors for your valuable work. Some items need to be corrected or completed.
1- Write the correct term for PONV.
2- Include the study type in the title.
3- Include ethical consent to participate in the study in the inclusion criteria section.
4- Explain VAS in the methods section.
5- Specify the statistical tests used below the tables.
6- Correct Tables 1 and 2 so that the mean or frequency is reported separately for each variable, and indicate the group sizes at the top of the two groups.
7- The third section of Tables 1 and 2 does not appear necessary (consultation with a methodologist is needed).
8- Can this finding be implemented in clinical policymaking, or are studies with larger sample sizes needed?
9- The article can be published after the above items have been corrected and completed. Thank you.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Reviewers

Thank you for your valuable comments

Reviewer1 comments and answers:

1- PONV کلمه صحیح ان نوشته شود

Postoperative nausea and vomiting

2- در عنوان مطالعه نوع ان نوشته شود .

The Effect of Manual Maneuver on Shoulder Pain of Laparoscopic Gynecology Surgery, a Randomized Clinical Trial Study

3- در قسمت معیارهای ورودی ؛ رضایت اخلاقی ورود به مطالعه نوشته شود

Inclusion criteria were women aged 15 to 60 years who were candidates for gynecology laparoscopy surgery, and having written informed consent to enter the study.

4- ؛ در قسمت روش اجرا VAS توضیح داده شود .

The Visual Analogue Scale (VAS) consists of a 10cm line, with two ends representing 0 (‘no pain’) and 10 (‘pain as bad as it could possibly be’). Then we ask the patient to rate their current level of pain by placing a mark on the line.

5- زیر جداول آزمونهای آمارهای بکار رفته مشخص شود .

Was inserted.

6- در جداول 1و2 ؛ جداول تصحی شود . که میانگین و یا فراوانی برای هر متغیر جداگانه نوشته شود . و تعداد در بالای دو گروه گذاشته شود .

Was edited.

7- قسمت سوم جداول 1و2 بنظر ضرورتی برای درج در جداول ندارد (مشاوره متدولوژیست نیاز دارد)

Was deleted.

8- ایا می توان این دستاورد را در سیاست گذاری بالینی اجرایی نمود یا نیاز به انجام مطالعات با حجم نمونه بیشتر می باشد .

According to the limitations mentioned in the implementation of the study, it is recommended to use this method in clinical policies, to conduct larger clinical trials with the cooperation between several hospitals and with the maximum removal of confounding factors and equalization of variables.

Reviewer2 comments and answers:

1. Lack of specific examples or case studies to support the claims made in the study.

Echeverria-Villalobos et al., showed in their research that the use of different manual maneuvers cannot reduce the severity of nausea in patients following laparoscopy, and it is necessary to use appropriate drugs in this field, and they recommend the combination of dexamethasone 8 mg with granisetron 1 mg. To some extent, this finding (lack of effect of abdominal maneuver in reducing nausea) is consistent with our findings, but since different drugs were not investigated in our study, a complete comparison of the above two studies is not possible (18).

Lee et al. explored the impact of manual abdominal decompression techniques on postoperative shoulder pain in patients undergoing laparoscopic cholecystectomy. In this randomized controlled trial involving 90 participants, the intervention group received a manual abdominal massage to evacuate CO2 gas, while the control group did not. The results demonstrated a significant reduction in shoulder pain intensity in the intervention group . This study supports the findings of our research, indicating that manual abdominal maneuvers effectively mitigate shoulder pain following laparoscopic surgeries (19)

Smith et al. (2023) performed a prospective cohort study assessing the impact of manual abdominal massage on post-laparoscopic shoulder pain in a cohort of 85 women undergoing various laparoscopic procedures. The study employed a similar methodology, where the intervention group received a 3-minute manual abdominal massage aimed at expelling residual CO2 gas, while the control group received standard postoperative care. The study found a significant reduction in shoulder pain intensity at both 6 hours (p=0.002) and 24 hours (p=0.005) postoperatively in the intervention group. Additionally, the intervention group had a lower incidence of nausea and vomiting, and required less frequent administration of antiemetic and analgesic medications compared to the control group. Smith et al.'s findings align closely with those of the present study, reinforcing the conclusion . Both studies highlight the benefits of this simple intervention in improving postoperative outcomes. (20)

2. Limited discussion on potential limitations or biases in the research methodology.

We have only focused on laparoscopic surgery for benign gynecological diseases, but other methods must be investigated. Pain assessment may be confounded by different surgery types and duration, suggesting that these strategies need further refinement to improve clinical efficacy. In addition, other things can interfere with our evaluations, such as the retention of

some intraperitoneal blood or inflammatory cystic fluid or the amount of residual carbon dioxide..

2. Absence of comparison with other similar studies or alternative approaches to managing shoulder pain post-laparoscopic surgery.

Several alternative methods have been proposed for managing shoulder pain following laparoscopic surgery. These alternative approaches highlight the importance of comprehensive pain management strategies in enhancing patient outcomes following laparoscopic surgery.These include:

1. Saline Irrigation: Injecting normal saline into the abdominal cavity to dilute and evacuate residual CO2 gas has been shown to reduce shoulder pain and the need for postoperative analgesics (16).

2. Hyperventilation Technique: Mild hyperventilation during the procedure to minimize the amount of air introduced into the abdomen has been effective in reducing shoulder pain post-surgery (13).

3. Semi-Fowler's Position: Adjusting the patient's head height during laparoscopy, known as the semi-Fowler's position, can significantly alleviate shoulder pain after the operation (14).

4. Pharmacological Management: In addition to NSAIDS Combining other medications such as dexamethasone and granisetron to manage postoperative nausea and shoulder pain has shown efficacy in some studies (18)

5. Transcutaneous Electrical Nerve Stimulation (TENS): Asgari et al. explored the use of TENS in combination with fentanyl for pain management. TENS was found to be an effective adjunct in reducing shoulder pain during laparoscopic procedures.(17)

2 Revision 1

0 comments

No public comments in this round.