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OPEN PEER REVIEW

Comparison of Preoperative and Postoperative Ultrasound-Guided Caudal Block Analgesia for Lower Limb Surgeries in Pediatrics: A Randomized Controlled Trials

Nasim Nikoubakht, Amine Shafeinia, Fatemeh Ahmadi, Mahzad Alimian

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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.

More about open peer review: brieflands.com/knowledgebase/opr

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1 Original submission

1 comment · 14 Apr 2024

Referee 1 Reviewer

MAJOR REVISION 14 Apr 2024

Dear authors, I have read your manuscript carefully. The suggestions are as follows:
1. Revise the grammar; this is very important. Use brackets, capitals, and commas correctly.
2. Please write the full name of a procedure or technique before using its abbreviation. Example: "…. pain level of the patients were measured using pain monitoring (ANI) and recorded in the checklist…." ANI stands for analgesia nociception index. Use this example to write it correctly when introducing a new term.
3. Write the inclusion criteria, not just the exclusion criteria.
4. Method – please explain exactly how you evaluated pain. Provide more detail about what ANI and the FLACC scale are and how they are used. It would be nice to add these tools as supplementary material.
5. Results:
Demographic information in Table 1: the difference in age and propofol consumption between groups is negligible; it is neither statistically nor clinically relevant, and I advise you to remove this comment.
BIS mean evaluation at 60 and 120 minutes in two groups – the only difference was at the 60th minute; just comment on that.
6. Discussion: It is a bit messy. I advise you to summarize your findings first and then, step by step, make comparisons with the literature.
7. Limitations: explain why it is better to have a bigger sample size. I am not sure what you meant by this statement, "It is better that compare results between another drugs"; maybe you can rewrite it as a suggestion for future studies.

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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 editor, thank you for opportunity to us for revise the manuscript. We revise the manuscript according to the reviewer comments and red and highlight all changes.

Reviewer 1:
Dear authors, I have read your manuscript carefully. The following suggestions are:
1. Revise the grammar, this it is very important, use brackets, capitals, commas correctly

Answer: dear reviewer, the manuscript revise by native speaker English.
2. Please write the full name of procedure, technique before using abbreviation. Example. pain level of the patients were measured using pain monitoring (ANI) and recorded in the checklist….ANI stands for analgesia nocic

eption index. Use this example to write it correctly when introducing a new term

Answer: we corrected it.
3. Write inclusion criteria not just exclusion

Answer: we added inclusion criteria to the method section.
4. Method – please explain how did you evaluate pain exactly. Provide more detail what is ANI and what in FLACC scale and how they are used. It would be nice to add as supplement material these tools.

Answer: we added some sentence to the method section.
5. Results:
Demographical information Table 1.the, difference in the age and the propofol consumption between groups is negligible, it is not statistically and clinically relevant and I advise you to remove this comment

Answer: we corrected it.
BIS mean evaluation at 60 and 120 minutes in two groups – the only difference was in 60th minute , just comment on that.

Answer: we corrected it.
6. Discussion: It is a bit messy, I advise you summarize what yoru findings are first and than, step by step make comparisons with literature

Answer: we rewrite the discussion section.

7. Limitations: explain why is better to have a bigger sample size and I am not sure what did you mean by this statement “It is better that compare results between another drugs”, maybe you can rewrite it as a suggestion to future studies

Answer: we rewrite the limitation.

Reviewer 2:
Thank you for considering me as a reviewer for your prestigious journal. Based on the document provided, I can provide an overall assessment and review of the original research article titled " Comparison of preoperative and postoperative ultrasound-guided caudal block analgesia for Lower Limb Surgeries in Pediatrics: A Randomized Controlled trials". This is a randomized controlled trial comparing the effects of ultrasound-guided caudal block analgesia performed either preoperatively or postoperatively in children undergoing unilateral knee

osteotomy surgery. Overall, this appears to be a well-conducted study that provides useful data on an important clinical question in pediatric anesthesia. With improvements in the writing quality and discussion, it could make a valuable contribution to the literature. The English language and writing quality need significant improvement throughout. There are numerous grammatical errors and awkward phrasings that make parts difficult to follow.
I would recommend major revision to address the language issues before it is suitable for publication.

Answer:
Introduction:
The rationale for the study is generally sufficient. The authors establish the importance of pain management in pediatric patients and the potential benefits of caudal blocks. However, the introduction could be strengthened by:
- Providing more context on why timing of caudal blocks (pre- vs post-operative) is an important question

Answer: we added some sentence to the introduction section.
- Including more recent literature on pediatric regional anesthesia practices

Answer: we added some study related pediatric regional anesthesia to the introduction section.
- Clarifying the specific gap in knowledge this study aims to address

Answer: we added a paragraph to the end of introduction section.
Methodology:
Components that could be improved or were not fully considered:
- More details on randomization process and allocation concealment

Answer: we added some sentence to the method section.
- Justification for the age range chosen (2-6 years)

Answer: we added some sentence to the method section.
- Explanation of why unilateral knee osteotomy was selected as the procedure

Answer: we added some sentence to the method section.
- More information on the ultrasound-guided technique used

Answer: we added some sentence to the method section.
- Consideration of potential confounding factors (e.g. surgeon variability, exact surgical techniques)

Answer: dear reviewer, All operations and techniques used for all patients were performed by the same surgeon with the same technique.
Results:
The most significant weakness is the inconsistent reporting of statistical significance. For example, in Table 1, p-values > 0.05 are reported as not significant, but exact values are given. In contrast, for other analyses, p-values < 0.05 are sometimes reported as exact values and other times just as "< 0.05". Consistent reporting of p-values would improve the clarity of the results.

Answer: dear reviewer, we corrected it.
Discussion:

The authors could improve the discussion by:
- The discussion section could be expanded to provide more context on how these findings compare to previous literature on timing of regional anesthesia in pediatrics.

Answer: we rewrite the discussion section.

- Discussing potential mechanisms for why postoperative block may have been more effective

Answer: we added some sentences to the discussion section.

- Addressing limitations of the study more comprehensively

Answer: we rewrite the limitation section.
- Offering clearer clinical recommendations based on their findings

Answer: we added recommendation to the main text.

References:
- Include more recent studies on pediatric regional anesthesia techniques (last 5 years)

Answer: we added some study related pediatric regional anesthesia to the introduction section.
- Add references on current guidelines for pediatric pain management

Answer: we added some references to the main text.
- Include more recent systematic reviews or meta-analyses on caudal blocks in children

Answer: we added some references to the main text.

2 Revision 1

1 comment · 21 Aug 2024

Ana Dragoljub Mandras Reviewer

MINOR REVISION 21 Aug 2024

Thank you for considering me to review this paper.
The selection of the study subject is excellent! The material needs to be composed a little better so that readers can have a clear understanding of what it was about.

The Introduction section is informative, and the aim is clearly stated.
The Methodology section is well written.
The Discussion section needs to be better summarized. My suggestion is to summarize all the findings as follows:
1. Characteristics of patients
2. Average pain at 60 and 120 minutes
3. BIS results
4. Pain after surgery
After summarizing the findings, proceed to comment on every one of them. At the end, summarize the conclusion.

3

Revision 2

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 editor, thank you for opportunity to us for revise the manuscript. We revise the manuscript according to the reviewer comments and red and highlight all changes.

Reviewer 2:

Thak you for considering me to review this paper

Selection of study subject is excellent! The material needs to a little better composed so that the readers can have a clear understanding what was it about.

Introduction section is informative and the aim is clearly stated

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Disscussion section needs to be better summarized. My suggestion is to summarize all the findings as follows

1. chacteristics of patient

2. average pain in 60 and 120 minutes

3.BIS results

4.Pain after surgery

After summarizing the findings, proceed to comment every one of them. At the end summarize conclusion

Answer: thank you for valuable comment, we rewrite our finding in the discussion and highlight them.

Associate Editor's Comments:

Associate Editor 1:
The second round of peer review of your manuscript is complete. According to our reviewer comments, this version needs some minor corrections.

Answer: thank you for valuable comment, we rewrite our finding in the discussion and highlight them.

EIC Decision:

The reviewers' and associate editor's comments on your work have now been received in the second round. I now have the reports of the Referees, which suggest that your manuscript needs some minor corrections.

Answer: thank you for valuable comment, we rewrite our finding in the discussion and highlight them.

3 Revision 2

1 comment · 3 Sep 2024

Ana Dragoljub Mandras Reviewer

ACCEPT 3 Sep 2024

The authors have corrected the manuscript as needed.