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OPEN PEER REVIEW

A Comparative Study of the Effect of Pericapsular Nerve Block (PENG) and Ultrasound-guided Fascia Iliaca Blocks on Postoperative Pain of Intertrochanteric Fractures

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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.

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1 Original submission

3 comments · 27 Jun 2024 – 30 Jun 2024

Ardeshir Tajbakhsh Reviewer

MINOR REVISION 27 Jun 2024

Subject
• Although the subject is novel, it lacks some specificity for the journal's aims. However, I recommend publishing this manuscript due to its importance in regional anesthesia.
Title
• The title is appropriate, although I recommend mentioning Pericapsular Nerve Block (PENG) in the title.
Abstract
• The abstract is structured.
• The first sentence is not valid and should be edited.
• Keywords are not MeSH terms and are not alphabetically ordered.
Introduction
• The introduction is clear, summarized, and well written.
• Materials And Methods
• The exclusion criteria are not appropriate; many of them should be mentioned in the inclusion criteria.
• POM is not an appropriate mnemonic and should be explained.
• Macro is a typo.
• HR<50 should be changed to HR<50/min.
• Blood injection should be changed to blood transfusion.
• Measuring VAS 30 minutes and 2 hours after the block is not relevant to the block's efficacy, as you perform the block after spinal anesthesia. This should be changed in the text, table, and discussion.
Results
• In lines 109 & 110, what does the number in parentheses mean?
• Do you relate vomiting to the block or fentanyl in the subarachnoid space?
Discussion
• It is mentioned that pain was reduced by 4 units. How did you calculate this reduction since you did not have a sham protocol?
References
• Proper.

Associate Editor

MINOR REVISION 30 Jun 2024

Minor revision required according to reviewer's comments.

Editor-in-Chief

MINOR REVISION 30 Jun 2024

Minor revision is required.

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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.

Reviewers' Comments:

Reviewer 1:
The research is well executed with a unique emphasis on intertrochanteric surgery. While there are numerous comparable articles, the distinctive factor lies in their exclusive focus on intertrochanteric surgery.
In line 157, they mention that "PENG significantly reduced pain after 30 minutes of insertion." However, it is unclear what was inserted. This phrasing should be revised for clarity.

-agree and done.
It would enhance the quality of the discussion section if they highlight the differences, strengths, and advantages of their research compared to similar articles.

- agree and done
Reviewer 2:
Subject
• Although the subject is novel, it lacks some specificity for the journal's aims. However, I recommend publishing this manuscript due to its importance in regional anesthesia.
Title
• Title is appropriate. Although I recommend mentioning Pericapsular Nerve Block (PENG) in the title.

_agree and done.
Abstract
• Abstract is structured.
• The first sentence is not valid and should be edited.

_done.
• Keywords are not Mesh terms and not alphabetically ordered.

_agree and done.
Introduction
• Introduction is clear, summarized, and well written.
• Materials And Methods
• Exclusion criteria are not appropriate many of them should be mentioned in the inclusion criteria.

_agree and done.
• POM is not an appropriate mnemonic and should be explained.

_ agree and done.
• Macro is a typo.

_agree and done.
• HR<50 should be changed to HR<50/min.

_agree and done

• Blood injection should be changed to blood transfusion.

_agree and done

• Measuring VAS 30 minutes and 2 hour after block is not relevant to the block efficacy as you perform he block after spinal anesthesia. This should be a change in text, table and discussion.

_ Thanks for your opinion, we should mention that we performed the nerve block of the patients in the recovery room after the complete disappearance of the spinal block, and then we measured the pain intensity at the mentioned times, which was corrected in the method section.

Results.

• In lines 109 & 110 what does the number in the parenthesis mean?

_that means standard deviation.

• Do you relate vomiting to the block or fentanyl in subarachnoid space?

_ We calculated the number of times patients experienced nausea and vomiting after nerve block in 24 hours after the nerve block. It seems that the reason was the morphine taken to reduce the pain.

Discussion

• It mentioned that pain was reduced by 4 units. How did you calculate this reduction since you did not have a sham protocol?

_In fact, we wrote the average pain level before the block in recovery with the average pain level of the same patients after the block, which is about 4 units, but considering that this type of comparison might not be appropriate, we changed the sentence.

References

• Proper.

2 Revision 1

1 comment · 25 Jul 2024

Ardeshir Tajbakhsh Reviewer

ACCEPT 25 Jul 2024

All the previous notes have been corrected.