OPEN PEER REVIEW

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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.

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- 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:

Peer Review

Journal of Comprehensive Pediatrics
Article DOI: https://doi.org/10.5812/compreped.109328
Published in: Journal of Comprehensive Pediatrics: 12(3) ; e109328

Peer Review Report for "Effect of Local Injection of Bupivacaine for Pain Management After Tonsillectomy: A Randomized Clinical Trial"

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Review Timeline:

Submit Date:	11 Sep 2020
Revised Date:	22 Jun 2021
Accepted Date:	6 Jul 2021

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

9 May 2021

Dear AE,
I totally appreciate the efforts that have been done by the authors in conducting this interesting study but I have many questions about this presentation:
- We are not allowed to use any abbreviation word without definition for the first time: PONV, VAS, OR, PV, min
Abstract:
- Subsections must be arranged according to the rules of the journal (Background, objective, methods, results and conclusion) and word account limitations.
Background:

- In paragraph 2, line 2, insert abbreviation (NSAID) in front of “nonsteroidal anti-inflammatory drugs”.
- The rationale of the study should be explained in a more detailed way in the last paragraph of the introduction section. Many studies have been done in this regard. Why did the authors decide to conduct this study again? Which new question do the findings of this study answer? What is the novelty of this study?

Methods:
- The three last rows of the trial design must be a move to the participant section.
- There are many subsections in this part. Most of which can be merged. Subsections should be reduced into main sections.
- Sample size and Randomization should be moved to the participant selection and allocation part. Results:
- Figure 1 and 2 were the same ?!!!!

Discussion:
- In the discussion part you should write the main(s) finding(s) (novelty) at first and then allude to other studies.
- Limitation and recommendations should be mentioned in the last paragraph of the discussion.

Conclusion:
- Notice in more detail. Any gap, question, hypothesis, or comment should be declared.

Acknowledgment:
- Need totally revision and rephrase. (Ethic and RCT code, conflicts of interest and so on should be omitted in this section.

References:
- References did not arrange according to the rules of the journal.

Best regards

REFEREE : Associate Editor

27 May 2021

Dear EIC
The reviewer(s) have recommended publication, but also suggest some minor revisions to the manuscript. Therefore, I invite the author to respond to the reviewer(s)' comments and revise his manuscript.
Kind regards,

REFEREE : EIC

29 May 2021

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to the 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.

Reply to reviver

Reviewer 1:
I totally appreciate the efforts that have been done by the authors in conducting this interesting study but I have many questions about this presentation:
We are not allowed to use any abbreviation word without definition for the first time: PONV, VAS, OR, PV, min

We used abbreviation words with the definition for the first time

Abstract:
Subsections must be arranged according to the rules of the journal (Background, objective, methods, results and conclusion) and word account limitations.

We arranged according to the rules of the journal (Background, objective, methods, results, and conclusion) and the word account of abstract was limited to 242.
Background:
In paragraph 2, line 2, insert abbreviation (NSAID) in front of “nonsteroidal anti-inflammatory drugs”.

Was inserted abbreviation (NSAID) in front of “nonsteroidal anti-inflammatory drugs”.

The rationale of the study should be explained in a more detailed way in the last paragraph of the introduction section. Many studies have been done in this regard. Why the authors decided to conduct this study again? Which new question does the findings of this study answer? What is novelty of this study?

The rationale of the study was explained in a more detailed way in the last paragraph of the introduction section.
Methods:
The three last row of trial design must be move to participant section.

The three last row of trial design was moved to participant section
There are many subsections in this part. Most of which can be merged. Subsections should be reduced in to main sections.

Subsections was merged

Sample size and Randomization should be moved to the participant selection and allocation part.

Sample size and Randomization were moved to the participant selection

Results:

Figure 1 and 2 were the same ?!!!!

Figure1: Mean visual analog scale (VAS) score for the Bupivacaine and Control groups during 24 hours. **Figure 2**: Comparison of Nausea Between Groups Bupivacaine and Control. These figures were not the same

Discussion:
In the discussion part you should write the main(s) finding(s) (novelty) at first and then allude to other studies.

In the discussion part we was wrote the mains findings at first and then allude to other studies
Limitation and recommendation should be mentioned in the last paragraph of discussion
limitation and recommendation were mentioned in the last paragraph of discussion.

Conclusion:
Notice in more details. Any gap, question, hypothesis or comment should be declared.

We notified in more details
Acknowledgment:
Need totally revision and rephrase. (Ethic and RCT code, conflicts of interest and so on should be omitted in this section.

Were corrected
References:
References did not arrange according to the rules of the journal.

We arranged references according to Vancouver style according to the rules of the journal

OPEN PEER REVIEW

Revision (1)

REFEREE : Reviewer

3 Jun 2021

Dear AE,
Thanks for presenting this manuscript.
Some points mentioned have been changed by authors. But I have many questions about this presentation:
Abstract:
- Abstract was very weak and need revision, totally.
- Methods section was incomplete. Sampling methods? Randomization? Notice clearly and precisely - methods. The statistical analyses section was merged with methods (no as a separate section), also it was too long. Pl mentions so briefly statistical analyses.
- We are not allowed to use any abbreviation word without definition for the first time: PONV, VAS
Methods section:
- You said, "VAS assessment was performed by the patients". In pediatrics patients about 5 -7 yr old (mean age of participants was 7.83±1.85) how do you trust them? Were the answers reliable? Pl explains that.
- Also you said, "If VAS was more than 3, 0.25 mg/kg Pethidine was prescribed". if VAS was less than 3, pethidine was not prescribed. Does injection of pethidine in some participants as a confounding factor do not affect your results? There are many confounding factors in the studies about postoperative pain. How did you include the confounding factors in the results? Clearly define all potential confounders and effect modifiers. Give diagnostic criteria, if applicable.
- Describe statistical methods, used to control for confounding.
- Control of confounders is an important point in this study.
- Describe any sensitivity analyses.
- Did you have missing data?
- Please explain confounder and test to confounder-adjusted.
- Minimize and control of confounders was performed in three ways: 1- a restriction the study population, 2- matching the two comparison groups, and 3- stratifications of pooled data.
Results section:
- Figures number must be inserted in parenthesis (....).
- Title of the figure must be moved to the bottom.
- Title of "Consort flow diagram" change to "figure..."
- Figure 1 and 2 were the same in forms and patterns?!!!!
- "Authors said: Figure1: Mean visual analog scale (VAS) score for the Bupivacaine and Control groups during 24 hours. Figure 2: Comparison of Nausea between Groups Bupivacaine and Control. These figures were not the same"

I know. I did not mean their title, but the forms themselves, which were exactly the same!!?.
best regards

REFEREE : Associate Editor

19 Jun 2021

Dear EIC,
The manuscript is studied, and there are some comments which should be addressed by the author. According to the comments, the document needs major revision.
Kind regards,

REFEREE : EIC

19 Jun 2021

Dear Author,
The reviewers' comments are mentioned. Please correct the details as mentioned above carefully according to reviewers' request.
Thanks.

OPEN PEER REVIEW

Revision (2)

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.

:Reviewer 1

:Abstract

.Abstract was very weak and need revision, totally

Methods section was incomplete. Sampling methods? Randomization? Notice clearly and precisely methods . Statistical analyses section was merged with methods (no as a separate .section), also it was too long. Pl mentions so briefly statistical analyses

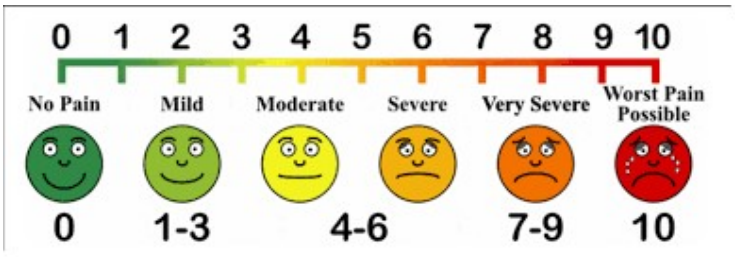
We are not allowed to use any abbreviation word without definition for the first time: PONV, VAS

Answer: This part totally were corrected

:Methods section

You said "VAS assessment was performed by the patients". In pediatrics patients about 5 -7 yr old (mean age of participants was 7.83±1.85) how you trust them? Were the answers reliable? Pl explains that

Answer: As stated in the method section, Patients who participated in the study were educated on how to use a 0–10 VAS, which consisted of a 10-cm horizontal column that was separated into 'no pain' on the left and 'worst pain' on the right(according to below figure and reference 7). Patients were instructed by a nurse who was blinded from the study at the Outpatient Surgery Unit of the hospital. In addition, our patients were 7 to 12 years old



Also you said "If VAS was more than 3, 0.25 mg/kg Pethidine was prescribed". if VAS was .less than 3, pethidine was not prescribed

Answer: If the VAS is less than 3, there is no need to prescribe opioids

Does injection of pethidine in some participants as a confounding factors do not affect your results? There are many confounding factors in the studies about postoperative pain. How did

you include the confounding factors in the results? Clearly define all potential confounders .and effect modifiers. Give diagnostic criteria, if applicable

.Describe statistical methods, used to control for confounding

.Control of confounders is an important point in this study

.Describe any sensitivity analyses

?Did you have missing data

Pain and the amount of opioid (petedin) use were the main variables of the .study and there was no need matching to reduce the confounding variables

Due to the strictness of the ASA class, other confusing factors will be eliminated by themselves. In this study, we performed the most matching based on the inclusion criteria, which in turn eliminated and reduced the confounder variable. In this study, we did not perform a sensitivity analysis based on previous studies, but if the respected reviver deems it necessary, this will be done. Among the patients included in the study we did not have any missing data

.Please explain confounder and test to confounder-adjusted

Minimize and control of confounders was performed in three ways: 1- restriction the study .population, 2- matching the two comparison groups and 3- stratifications of pooled data

We minimized confounders with the restriction the study population and matching the two comparison groups (ASA class 1)

:Results section

(….) Figures number must be inserted in parenthesis

Figures number were inserted in parenthesis.

.Title of figure must be moved to the bottom

.Title of figures were moved to the bottom

"…Title of "Consort flow diagram" change to "figure

Title of "Consort flow diagram" was changed to figure1

!!!!?Figure 1 and 2 were the same in forms and patterns

Figure 1 was changed to figure 2 and this figure was presented VAS score between groups.

.Figure 2 was changed to figure 3 and this figure was presented nausea score between groups

Authors said: Figure1: Mean visual analog scale (VAS) score for the Bupivacaine and “

Control groups during 24 hours. Figure 2: Comparison of Nausea between Groups

”Bupivacaine and Control. These figures were not the same

I know. I did not mean their title, but the forms themselves, which were exactly the same!!?.

No, the forms of these two figures is not the same . Due to the difference in different scores of pain and nausea, the figures were corrected

best regards

OPEN PEER REVIEW

Revision (2)

REFEREE : Reviewer — 6 Jul 2021

Dear AE,
I have reviewed this manuscript. Most of the points have been corrected by the author and are structurally acceptable .
Thanks

REFEREE : Associate Editor — 6 Jul 2021

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE : EIC — 6 Jul 2021

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.