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OPEN PEER REVIEW

Impact of Povidone-iodine Versus Chlorhexidine for Periurethral Cleaning Before Catheterization on Pyuria and Bacteriuria Among Emergency Department Patients

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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

1 comment · 23 Jun 2021

Associate Editor

MAJOR REVISION 23 Jun 2021

Hi. In the conclusion of the abstract, different rates of bacteriuria are mentioned, although, according to the article's results, this difference between the two groups is not significant. Also, the different rates of pyuria without a significant difference in bacteriuria rates between the two groups and the significance of this finding should be discussed in the Discussion section of the article.

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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.

With greetings and respect to the respected Editor-in-Chief of the journal,

We tried to respond to all the points.

We are grateful for your valuable explanations.

The authors' group

Reviewer 1:
1. In the title, remove "Department of Al-Zahra Hospital, Isfahan University of Medical Sciences" and include "a single-blind clinical trial"

Corrected.
2. Samples were selected using minimization software at random divided into the two groups!?

Sampling is convenience sampling / random allocation with Minitab software
3. Report quantitative results with exact P-value in the abstract.

Corrected.
4. There was no information about sample size calculation.

The formula was added.
5. Describe random sampling procedure in details.

It was explained.
6. Describe random allocation method and procedure in details.

It was added.
7. Talk about all the statistical analysis in this section.

All the statistical tests used were presented in the results section.
8. How about blinding? Who and how was blind?

Single-blind / the patients are unaware of the type of group they are in.
9. Reporting exact P-value is necessary.

Done.
10. In Table 3, report median (IQR) for descriptive statistics.

In this table, given the type of test, Z is needed, which has been presented; if further explanation is needed, please explain more clearly.
11. Report RCT registration code.

It was in the article. It was highlighted.

Associate Editor 1:
Hi. In conclusion part of abstract, differnt rate of bacteriuia is mentioned while, according to the article result this differnce between two groups is not significant.

Also different rate of pyuria without significant bactriuria rate among both groups and its significance should be discussed in discussion of article.

The misleading text was removed from the abstract.
Associate Editor 2:
1) the randomization method should be more clarified in methodology

It was added.
2) the criteria of bacteriuria and bacteriuria should be mentioned in methodology

It was corrected and highlighted in the methodology section.
3)the author how explain the very high rate of bacteriuria after 5 days of catheterization in both groups in discussion?

These figures and numbers are the result of 4 tables, which we refrained from including because of the increase in the word count. Please, if there is a serious need, let us know so that we add them as well.

2 Revision 1

1 comment · 26 Dec 2021

Editor-in-Chief

ACCEPT 26 Dec 2021

accept