

Authors' Response to Peer Reviews

Authors' Response to Peer Reviews of "Use of Spinal Anesthesia in Pediatric Laparoscopic Appendectomies: Case Series"

Md Jafrul Hannan¹, MS; Mosammat Kohinnor Parveen², MPhil; Alak Nandy³, DA; Md Samiul Hasan⁴, MS

¹Department of Pediatric Surgery, South Point Hospital, Chittagong, Bangladesh

²Department of Pharmacology & Therapeutics, Rangamati Medical College, Rangamati, Bangladesh

³Department of Anesthesiology, Chattagram Maa-O-Shishu Hospital Medical College, Chittagong, Bangladesh

⁴Department of Pediatric Surgery, Dhaka Shishu Hospital, Dhaka, Bangladesh

Corresponding Author:

Md Jafrul Hannan, MS

Department of Pediatric Surgery

South Point Hospital

Apt B3, House 72/A, Road 1, Panchlaish

Chittagong, 4100

Bangladesh

Phone: 880 1819345305

Email: jafrulhannan@gmail.com

Related Articles:

Preprint: <https://preprints.jmir.org/preprint/25204>

Peer-Review Report by Anonymous: <https://med.jmirx.org/2021/2/e29604/>

Peer-Review Report by Theodoros Aslanidis (Reviewer BL): <https://med.jmirx.org/2021/2/e29607/>

Peer-Review Report by Anonymous: <https://med.jmirx.org/2021/2/e29605/>

Published Article: <https://med.jmirx.org/2021/2/e25204/>

(*JMIRx Med* 2021;2(2):e29608) doi: [10.2196/29608](https://doi.org/10.2196/29608)

KEYWORDS

pediatrics; appendectomy; spinal anesthesia; general anesthesia; laparoscopy; vomiting; keyhole; surgery; anesthesia; appendix

This is the authors' response to peer-review reports for "Use of Spinal Anesthesia in Pediatric Laparoscopic Appendectomies: Case Series."

Round 1

The authors of the manuscript [1] thank the editor and the reviewers [2-4] for their valuable comments and suggestions to improve the paper. We have substantially modified the manuscript to address the issues raised. We will address them individually.

Anonymous [2]**Specific Comments****Minor Comments**

1. We have changed the wording in the *Abstract* and *Introduction* sections.

2. We have addressed this and moved the descriptive statistics table to the *Results* section.

3 and 4. We have significantly modified the results and their presentation. The mosaic plots in the figures have been replaced with tables with *P* values from the Fisher exact tests for all

comparisons. We have also now included odds ratios for these with upper and lower confidence levels (95%). We believe this adds to the robustness of the statistical analysis while enabling the written description of the results to follow with more brevity. We believe it is easier to read.

5. We have deleted this part as we agree it is a bit ambiguous.

Anonymous [4]**General Comments**

1. The groups were similar in age and gender.

2. Yes, the presence of postoperative nausea or vomiting was a binary response.

Specific Comments**Major Comments**

We agree that the attempts to correlate pain scores with anesthesia were going to be confounded by the analgesics, which is why we had those figures as supplemental material. However, this was described in the manuscript proper, which we have since removed (and the supplemental figures as well).

We have left the incidence of vomiting as a measure of patient comfort in the paper. It was our goal to compare the two procedures (spinal vs general anesthesia), and by procedure, this includes the usual standard-of-care protocols for each anesthetic. Naturally, it would have been better if the exact same protocols could have been used during the administration of both anesthetics, but that is not possible. Even if the vomiting is largely a result of nitrous oxide use in the general anesthetic, that could be a good enough reason to use spinal anesthesia all by itself. Our results verify this. Additionally, there is evidence that this nitrous oxide effect is mostly predominant in longer procedures. According to Peyton and Wu [5], a “duration of exposure to nitrous oxide less than 1h has little effect on the

rate of postoperative nausea and vomiting.” The maximum operation times in our study were ~45 minutes.

Minor Comments

1. A native English speaker has reviewed and made further copyediting changes.
2. The currency (Bangladesh taka) has now been listed in the text and along the figure axis title.

Round 2

Further Editorial/Peer-Reviewer Comments

The study has been labeled a “case-series report” as advised.

References

1. Hannan MJ, Parveen MK, Nandy A, Hasan MS. Use of Spinal Anesthesia in Pediatric Laparoscopic Appendectomies: Case Series. JMIRx Med 2021 Apr;2(2):e25204 [FREE Full text] [doi: [10.2196/25204](https://doi.org/10.2196/25204)]
2. Anonymous. Peer Review of "Use of Spinal Anesthesia in Pediatric Laparoscopic Appendectomies: Case Series". JMIRx Med 2021 Apr;2(2):e29604 [FREE Full text] [doi: [10.2196/29604](https://doi.org/10.2196/29604)]
3. Aslanidis T. Peer Review of "Use of Spinal Anesthesia in Pediatric Laparoscopic Appendectomies: Case Series". JMIRx Med 2021 Apr;2(2):e29607 [FREE Full text] [doi: [10.2196/29607](https://doi.org/10.2196/29607)]
4. Anonymous. Peer Review of "Use of Spinal Anesthesia in Pediatric Laparoscopic Appendectomies: Case Series". JMIRx Med 2021 Apr;2(2):e29605 [FREE Full text] [doi: [10.2196/29605](https://doi.org/10.2196/29605)]
5. Peyton PJ, Wu CY. Nitrous oxide-related postoperative nausea and vomiting depends on duration of exposure. Anesthesiology 2014 May;120(5):1137-1145 [FREE Full text] [doi: [10.1097/ALN.000000000000122](https://doi.org/10.1097/ALN.000000000000122)] [Medline: [24401771](https://pubmed.ncbi.nlm.nih.gov/24401771/)]

Edited by E Meinert; this is a non-peer-reviewed article. Submitted 13.04.21; accepted 13.04.21; published 28.04.21.

Please cite as:

Hannan MJ, Parveen MK, Nandy A, Hasan MS

Authors' Response to Peer Reviews of "Use of Spinal Anesthesia in Pediatric Laparoscopic Appendectomies: Case Series"

JMIRx Med 2021;2(2):e29608

URL: <https://xmed.jmir.org/2021/2/e29608>

doi: [10.2196/29608](https://doi.org/10.2196/29608)

PMID:

©Md Jafrul Hannan, Mosammat Kohinnor Parveen, Alak Nandy, Md Samiul Hasan. Originally published in JMIRx Med (<https://xmed.jmir.org>), 28.04.2021. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in the JMIRx Med, is properly cited. The complete bibliographic information, a link to the original publication on <https://med.jmirx.org/>, as well as this copyright and license information must be included.