

A Study on Patients' Preferred Mode of Travel to the Orthopaedic Theatre

(Which way to the Orthopaedic theatre doctor?)

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Dear Editor,

The reviewers' comments on the submitted article in the World Journal of Orthopaedics were very helpful. I have answered their concerns below and edited the attached manuscript accordingly. Mr Charles Willis-Owen a current editor for your journal has also been involved in the process. I look forward to your reply.

Many thanks,

Joel Humphrey

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Reviewer 1

This study is well presented. There are already published similar studies concerning this topic. Is this the only one study concerning Orthopaedic patients? If it so, I would suggest the authors to mention that in the introduction.

Response

It has now been added in the introduction it is the only study concerning primarily Orthopaedic patients.

Reviewer 2

The current version of the paper requires a further revision according to following notices:

1. According to the title and introduction, this manuscript focused on the mode of travel to the operating theatre, specifically for elective orthopaedic patients. However, the nature of trauma surgery and nature of orthopaedic surgery were mentioned at the same time, which are not the same range of definition or parallel relationship. Therefore, it is necessary to conform the patient underwent orthopaedic surgery or merely underwent trauma surgery. To cover these essential elements, I'd like to see more discussion on them.

Response

Trauma patients and elective orthopaedic patients are two distinct groups. Introduction highlights this and that it would be difficult to perform a similar

study with trauma patients due to its very nature. This has been clarified further in the introduction.

2. The abstract matches the title very much. However, it is too simple.

Response

I have changed the title to make it more informative to the reader. See above.

3. In the text, the authors used a questionnaire, and I suggest it could be listed in forms. The sample size of 70 patients is quite small while a 2-week period is too short if authors would like to change clinical routine. Except the patient's choice, the questionnaire did not cover these essential elements such as pathogeny and requirement of anaesthetist.

Response

The Questionnaire is fully explained in the methods. Sample size is a true reflection of activity over a 2-week period confirming our current practice is safe and acceptable to patients. Type of anaesthesia required for the procedure although interesting is not relevant to patients' choice of travel to the anaesthetic room. No patients had a pre-medication and this has been added. The focus of the study was on patient choice.

4. The data was then recorded in a tabulated format and analysed with percentages. The authors seem to indicate the difference between age groups. However, they did not conform if the difference was significant. I'd like to see statistical evaluation and more discussion on it. For example, was there remarkable difference between day-case and in-patient?

Response

Good point, thank you. The categorical data collected recorded in percentages shows the observed frequencies. Further evaluation (z test) shows there is a statistical difference between in-patients and day-cases (p-value 0.002) and a statistical difference between patients <60 and >60 years (p-value 0.002). Added into the results and highlighted in the discussion to have an awareness that in-patient procedures in the over sixties are more likely to require a trolley or chair to travel to the theatre, than younger day-case procedures.

5. In addition to trauma surgery which is a common surgery in orthopaedic department. A variety of surgery may be concerned.

Response

All elective orthopaedic sub-specialties were included in the study as stated in the patients and methods section. Trauma surgery is not included as it is itself a separate entity and this is discussed in the introduction.