



PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

Manuscript NO: 40768

Title: Post-Operative Urinary Retention (POUR): A Narrative Review

Reviewer’s code: 00506169

Reviewer’s country: United Arab Emirates

Science editor: Li-Jun Cui

Date sent for review: 2018-07-09

Date reviewed: 2018-07-14

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript is discussing an important perioperative complication. The manuscript is not a narrative review as stated by the authors. A narrative research or narrative enquiry entails gathering information in a storytelling format. The researcher interviews people, takes field notes, reads journals, finds letters, listens to oral histories and



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searches autobiographies and biographies to understand a group of people, a culture, a beliefs or a concept of self in the world. According to the title, one would expect interviews with experts in the field or patients suffering from the problem to identify themes and links for qualitative research. I would describe the current manuscript as a Review of Literature. In the introduction; emphasis on ultrasound as an outcome of the research is weak. It is a natural advance of technology that emerged in the last decades. The author should describe it as a finding in the discussion and conclusion. It will be more interesting if the authors outcome of the review is to identify patients at risk and when to catheterize. The author should give details about methodology of choosing the articles for review in terms of inclusion and exclusion. The quality of included articles should be illustrated. Grouping the articles under the titles described in table 1 and 2 is good. However the quality of articles is missing as described earlier. It would be of value if the authors have evaluated the Odds Ratio (OR) and Relative Risk (RR). However, this may be done in the future as a Met analytic Research. The authors should give recommendations or propose guidelines rather than a bare conclusion. This will help clinicians to decide whom and when to catheterize. Recommendation Revision of the title, outcomes, methodology and conclusion.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
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- No

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Name of journal: World Journal of Anesthesiology

Manuscript NO: 40768

Title: Post-Operative Urinary Retention (POUR): A Narrative Review

Reviewer's code: 01076129

Reviewer's country: Sweden

Science editor: Li-Jun Cui

Date sent for review: 2018-07-09

Date reviewed: 2018-07-22

Review time: 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The paper is an overview of the literature on postoperative urinary retention. It concludes that urinary retention is a neglected problem and that more studies are required to understand how it can be avoided. It is well-written and, as far as I can see, covers most of the relevant studies. 1. The title is adequate and reflects the contents of



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the manuscript 2. The abstract is concise, clear and provides a good summary of the manuscript 3. The key words reflect the focus of the manuscript 4. The literature search is vaguely described. The search words listed result in several thousand hits in Pubmed. Nevertheless, as far as I can see, the most important references have been identified. 5. The results section is well-written. The pharmacologic effect on the urinary bladder of the medications used during surgery is, however, only mentioned very briefly. A more thorough description of the function of the bladder in relation to the drugs administered during surgery would be of great value. Are there any uniform criteria for defining urinary retention? The paper discusses the complexity of this issue, but it would help if there would be a set of definitions to relate to. If ultrasound is crucial for diagnosing urinary retention, what is the threshold for retention? Which volume should be accepted before bladder catheterization is considered? Have any attempts been made to develop standardized instruments for rating patient perception of urinary retention? I am well aware that there are no straightforward answers to these questions, but in order to find strategies to prevent and treat urinary retention, standardized outcome measures are crucial. 6. The discussion (although not separated from the results section) is well-written. 7. The tables are clear and concise. 11. The references are relevant and updated 12. The manuscript is well organized.

INITIAL REVIEW OF THE MANUSCRIPT

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