



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 48173

**Title:** Rapid rehabilitation technique with integrated Traditional and Western Medicine for postoperative-gastrointestinal function

**Reviewer's code:** 02445726

**Position:** Peer Reviewer

**Academic degree:** FEBG, PhD

**Professional title:** Doctor

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-02-14

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-02-15 21:45

**Reviewer performed review:** 2020-03-05 02:01

**Review time:** 18 Days and 4 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## **SPECIFIC COMMENTS TO AUTHORS**

Dear Sirs, I recognise this prospective, multicentre, randomised and control study, comparing the controlled group with Traditional Chinese Medicine as a quite interesting. Enhanced Recovery After Surgery (ERAS) is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major surgery. This pathway was initiated about thirty years ago by a group of academic surgeons to improve perioperative care for patients receiving colorectal care, but it is now practiced in most fields of surgery and focus interest of a lot of specialisations. In general, I think the study has been written quite well but in my opinion should be amended. First of all, I would write in the conclusion instead TCM exerts positive effect on the recovery ... other statement which might stress this effect as a significantly better than standard approach for patients after colorectal surgery. The authors need to clarify: - If discharge from hospital was based on certain criteria; presumably the criteria were known for the investigators and I assume that once these criteria were met, the patients were deemed safe to be discharged from hospital (this point is important due to the authors' economic summary). - Early postoperative enteral feeding and mobilization after surgery could be essential for the study results (were significant differences in ERAS surgical protocols? If they cannot confirm this then they should write about it as a limitation) - Were opioids mainly used of postoperative pain management after the surgery or also other medications e.g. tramadol, dexmedetomidine or other painkillers which could reduce opioid requirements. Presumably, the approach for the patients was individualised but it could be relevant for monitored symptoms which were assessed by the investigators. Also clear statement should be given - if a problem then it should be described as a limitation. I believe that the amended article has a chance to find many readers. Kind Regards



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