

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 48912

Title: Overlay of a sponge soaked with ropivacaine and multipoint infiltration analgesia result in faster recovery after laparoscopic hepatectomy

Reviewer's code: 02839880

Reviewer's country: Italy

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-06-20 08:59

Reviewer performed review: 2019-06-24 19:03

Review time: 4 Days and 10 Hours

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

This is an interesting paper that aimed to investigate the efficacy of ropivacaine on pain control after laparoscopic hepatectomy and its contribution to fast track recovery surgery. Overall the manuscript is well written; I would suggest to revise English, check



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all the abbreviations and acronyms, and define them in the text. The statistical analysis has been well carried out. Tables and Figures are clear; however in table 2 and table 3, I would suggest to move the p value from the bottom of the table, to a new column on the right side. In the discussion, the reader could benefit from a brief presentation of laparoscopic management of liver metastases, mainly due to colon cancer (e.g Biondi A et al. Surg Laparosc Endosc Percutan Tech. 2010). I would include a statement in the conclusion paragraph on the possible future clinical applications of the results of the study. Please add a heading for the reference section.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 48912

Title: Overlay of a sponge soaked with ropivacaine and multipoint infiltration analgesia result in faster recovery after laparoscopic hepatectomy

Reviewer's code: 02489368

Reviewer's country: South Korea

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-06-20 18:02

Reviewer performed review: 2019-06-27 08:00

Review time: 6 Days and 13 Hours

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 type="checkbox"/> Grade B: Minor language	(High priority)	<input 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 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 type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The title of the article is "Overlay of a sponge soaked with ropivacaine and multipoint infiltration analgesia result in faster recovery after laparoscopic hepatectomy". The purpose of this study was to evaluate the effects of ropivacaine on pain control after

laparoscopic hepatectomy and to examine whether this local anesthetic technique accelerates patient recovery, thus contributing to the idea of fast track recovery surgery. This study used a randomized, double-blind, placebo-controlled clinical trial design. The finding in this study was that compared with the control group, the ropivacaine group showed reduced postoperative pain at rest within 12 h ($P<0.05$), and pain on movement was reduced within 48 h, the levels of epinephrine, norepinephrine and cortisol were lower in the ropivacaine group at 24 and 48 h ($P<0.05$), and HR, blood pressure and cumulative sufentanil consumption in the ropivacaine group were significantly lower than those in the control group, in the ropivacaine group, hospitalization after operation was shorter but not statistically significant, and there were no significant differences in postoperative nausea, vomiting or relevant complications, including hydrothorax, ascites, peritonitis, flatulence, and venous thrombus ($\chi^2>0.05$), although fewer patients in the experimental group experienced these situations. The authors concluded that infiltration with ropivacaine in the abdominal wound and covering the cutting surface of the liver with a gelatin sponge soaked with ropivacaine significantly reduced postoperative pain and the consumption of sufentanil. The study appears to be well performed in general and the manuscript is well written. However, the manuscript still could be further improved after some revisions. Specific comments: 1. It will be better to describe random sequence generation, allocation concealment and implementation in more detail. 1) Please describe randomization method in more detail. (the block size and used computer program) 2) How the author perform allocation concealment? 3) Who generated the random allocation sequence? Who enrolled participants? Who assigned participants to interventions? 2. It will be better to describe blinding methods in more detail. 3. The study protocol for this study was registered at Chinese Clinical Trial registry. However, it was retrospectively registered. The sample size registered is different from that in

described in the manuscript. Was there any reason for the differences? 4. Statistical Analysis 1) It will be better to describe the statistical analysis in more detail. It is essential that authors specify which statistical methods they used. "Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported result" International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals, Journal of the American Medical Association, 1997; 277: 927-934. 2) Did the authors performed normality test for continuous variables? 3) Did the authors performed sample size calculation or power analysis? 4) In this study, some variables are correlated observations. That is the variable measured at some time point will influence that measured at different time point. So, authors will be better to use the statistical analysis method considering this effect. (ex. Repeated measures of ANOVA, MANOVA or linear mixed effect model etc). If unpaired t-test were performed at different time points without correction, it would inflate the possibility for type 1 error. 5) In the results section, it will be better to provide 95% confidence interval rather than just provide p-value. Thank you for having the great opportunity to review this article.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
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BPG Search:

- ☐ The same title



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[] Duplicate publication

[] Plagiarism

[Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 48912

Title: Overlay of a sponge soaked with ropivacaine and multipoint infiltration analgesia result in faster recovery after laparoscopic hepatectomy

Reviewer's code: 02552429

Reviewer's country: France

Science editor: Jia-Ping Yan

Reviewer accepted review: 2019-06-27 11:20

Reviewer performed review: 2019-07-09 11:07

Review time: 11 Days and 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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<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 checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I have reviewed the article entitled "Overlay of a sponge soaked with ropivacaine and multipoint infiltration analgesia result in faster recovery after laparoscopic hepatectomy". The aim of the study was to assess the effectiveness of ropivacaine



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injections in the port site as well as in the operative site in patients undergoing a hepatectomy. This study is well done and well presented. It is a randomised, double-blind placebo control clinical trial, which is the highest quality for this type of paper. The whole procedure is well-described and the analysis is well carried out. It demonstrates clearly the efficacy of this analgesic method in these patients. I have no concern about this paper which is of a very high quality. Minor revision: the authors could write some abbreviations in full within the text, for example, 'MAP' in the Results section is only explained in Figure 1 but should also be written out in the text.

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