

Response to Reviewer

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: General Comments This manuscript title is “Should We Use Similar Perioperative Protocols in Patients Undergoing Unilateral and Bilateral One-stage Total Knee Arthroplasty?”. This is an interesting and meaningful topic. Bilateral one stage TKA is also controversial, which usually brings greater impact and more complications to patients. Careful perioperative management is very important for the success of TKA. In this study, BTKA patients showed higher transfusion rate, higher pain and longer LOS. To some extent, this reminds orthopedics surgeons of the need for more extensive perioperative management of BTKA patients. After minor revision, the article is acceptable. Below is a list of my comments.

Our response: Thank you for your review, we are really appreciated.

Abstract: Line 13-18: it should be more clearly explained.

Our response: Thank you very much for your comment. The background section in abstract was rewritten as you can see in line 13-18 “Bilateral one-stage total knee arthroplasty (BTKA) is now in greater use as an alternative option for patients with bilateral end-stage knee arthropathy. However, postoperative pain and disablement during convalescence from BTKA, and procedure-related complications have been concerning issues for patients and surgeons. Although, some studies reported that BTKA in selected patients is as safe as the staged procedure, well-defined guidelines for patient screening, perioperative care and monitoring to avoid procedure-related complications is still controversial.”

Line 26: Authors need to spell out acronym first time in use. Introduction The statement is okay.

Our response: Per your suggestion, we had rewritten this wording as you can see in line 26 “Exclusion criteria of this study included patients with American Society of Anesthesiology (ASA) score >3, and known cardiopulmonary comorbidity or high-sensitivity Troponin-T (hs-TnT) > 14 ng/l.”

Materials and methods: Line 88: What is the process of inclusion and exclusion?

Our response: Thank you for your comment. We had rewritten our inclusion and exclusion as you can see in line 89-96 “The authors’ criteria for BTKA were painful bilateral end-stage OA knee, and therefore the selection of BTKA or UTKA was based upon patient preference. Consecutive patients who had undergone UTKA and BTKA for primary osteoarthritis (OA), performed by a single surgeon between Jan 2016 and Dec 2019, were enrolled in the study. Exclusion criteria of this study were patients with a history of prior knee surgery or previous knee infection. Participants with an American Society of Anesthesiology (ASA) score >3, known cardiopulmonary comorbidity or high-sensitivity Troponin-T (hs-TnT) > 14 ng/l, CKD stage ≥ 3 , or significant renal impairment (serum creatinine > 1.5 mg/dl), were also excluded.”

Discussion In general, the discussion part is appropriate, and the demonstration of the results of this research is substantial.

Science editor:

1 Scientific quality: The manuscript describes a retrospective cohort study of the similar perioperative protocols in patients undergoing unilateral and bilateral one-stage total knee arthroplasty. The topic is within the scope of the WJO. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: This is an interesting and meaningful topic. Bilateral one stage TKA is also controversial, which usually brings greater impact and more complications to patients. Careful perioperative management is very important for the success of TKA. The questions raised by the reviewers should be answered; (3) Format: There is 1 table and 3 figure; (4) References: A total of 48 references are cited, including 19 references published in the last 3 years; (5) Self-cited references: There are 9 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade B.

3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form, and written informed consent. No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJO.

5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions; (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; (4) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text; and (5) It is unacceptable to have more than 3 references from the same journal. To resolve this issue and move forward in the peer-review/publication process, the authors must revise the reference list accordingly.

6 Re-Review: Not required.

7 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

Our response: Thank you for your suggestion. Per your suggestion we readjust our reference list to had DOI/PMID number with self-cite less than 10% and no more than 3 references from the same journal.

Moreover, the author contributions and article highlight sections were added in this revised manuscript (as you can see in line 329-335 and 336-362 respectively).

Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Orthopedics, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Our response: Thank you very much for your comment. The table in revised version were adjust as your recommendation (as you can see in table 1; line 157). However, we cannot provide a decomposable figure because these figures were export from statistical program (Stata®: Software for Statistics and Data Science).