

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 74052

Title: The effect of overtime pancreaticoduodenectomy on the short-term prognosis of patients

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01589311

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Full Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: China

Manuscript submission date: 2021-12-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-26 13:57

Reviewer performed review: 2022-01-26 15:47

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting article by Zhang and collaborators on the impact of overtime work for pancreaticoduodenectomy on the prognosis of patients. They conducted a retrospective cohort study, in which the analysis was based on a single-center, where patients underwent pancreaticoduodenectomy, between January 2017 and December 2019. For the analysis, patients were stratified by operative start time into the control group (surgery that started between 8:00 and 16:49) and the overtime group (surgery that started between 17:00 and 22:00). Several intraoperative and postoperative parameters were compared between the groups: operative time, blood loss, number of lymph nodes removed, duration of treatment in the ICU, and incidence of complications. Of the total of 235 patients included, 177 were in the control group and 58 in the overtime group. Most parameters analyzed showed practically no difference between the two groups. However, the overtime group showed a higher incidence of postoperative pancreatic fistulas, and a lower incidence of gastric emptying disorder. Running univariate and multivariate logistic regression analysis for better assessing the risk factors for pancreatic fistula and gastric emptying disorder, they found that, in addition to overtime, BMI and the topographic location of lesions were independent risk factors for pancreatic fistula. On the other hand, multivariate analysis showed that overtime did not influence the gastric emptying disorder. In addition, the authors conclude that the effect of overtime surgery on the long-term prognosis should be further investigated, but suggest that overtime pancreaticoduodenectomy may be harmful to patients, and that hospital administrators be aware of the problem and change work load and distribution of tasks among surgeons. The general idea of the

article is interesting and well justified. In regard to the methodology, retrieving data from a single center has the advantage of conferring more a detailed and specific collection and analysis. However, the analysis would be limited by the overall number of cases. The parameters analyzed were well chosen, and apparently the retrieval was performed in a correct manner. Definitions of the major complications are well described and referenced. The statistical analysis is also apparently appropriate. However, they need to better clarify the phrase: "Potential confounders were selected based on a p-value less than 0.2 in the univariable analysis....". Did authors actually mean "p-value less than 0.2 " ? Please check it out. The manuscript is well written, and the English language is appropriate with minor misspelling and punctuation mistakes. The 6 tables are clear and present important aspects of the study. The 19 references are relatively modest. There are several recent studies, in the last 2 to 3 years, on outcomes of pancreaticoduodenectomy that should be addressed in this manuscript. Auto-citation is irrelevant in this context. Major points: 1) We understand that the investigators should attempt to indicate more clearly the limitations of this study. Possibly, adding more details. For example, the subgroup analysis considering different diagnosis (not only location of lesions), and also different types of surgeries, and the different surgical teams, might render the final analysis difficult to interpret (due to small numbers considering the subgroups). Therefore, the results of this study should be interpreted with caution. 2) The authors should attempt to improve the Discussion section adding more thoughts and discussion with recent references referring to outcomes of pancreaticoduodenectomy. Minor points: 1) Check the text for language incorrections and punctuation. 2) Check the text related to Statistical analysis (and explanation on P values)

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Reviewer's code: 00183279

Position: Editorial Board

Academic degree: FRCS (Ed), MD, MS

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Reviewer's Country/Territory: India

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Scientific quality	<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
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous
	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Mental fatigue in clinical practice, difficult to define, and even more difficult to evaluate in an objective manner. Although the effects of mental fatigue on the skills of both drivers, air pilots have been described. The level of cognitive performance in a highly stressful job with life and death is a matter of great concern. Exact mechanisms underlying the positive association between complications and prolonged operative durations are not fully understood and are likely to vary for different types of complications. Like the correlation between Surgical site infections and prolonged operative duration can be attributable to various time-related factors such as prolonged microbial exposure, diminished efficacy of antimicrobial prophylaxis over time, increased tissue retraction leading to tissue ischemia, necrosis, and desiccation, and increased opportunities for violations in sterile technique. The authors have made a good attempt to project the problem of overtime surgery on the prognosis of patients, however the study design does not define the issue on scientific analysis. Authors have to clearly define the issue of overtime with the surgeons. This point seems very confusing in the methods section. A clear scientific method like; Karolinska sleepiness scale, S-P fatigue scale needs to be included and the factors analysed accordingly. Prolonged operation time in patients undergoing pancreatectomies is reported to be associated with complications such as surgical site infection , thromboembolism , pneumonia. These points need to be included after analysis. Higher incidence of pan fistula is well taken but why should delayed gastric emptying incidence improve with prolonged Operative times. I don't agree with this statement. Result section can be shortened by including the figures in a table manner. Other complications of Pancreatic

resection should be included. 10 patients have died; what were the causes of death. Was any case of post pancreatectomy haemorrhage responsible. This issue needs to be explained in detail. I suggest a major revision of the article and this being an important issue in the medical practice, the authors should be given a time to do that.