PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 79631

Title: Respiratory muscle training with electronic devices in the postoperative period of hepatectomy - randomized study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06310981

Position: Peer Reviewer

Academic degree: PhD

Professional title: Professor, Senior Researcher

Reviewer's Country/Territory: Tunisia

Author's Country/Territory: Brazil

Manuscript submission date: 2022-10-14

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-12-13 10:52

Reviewer performed review: 2022-12-22 20:59

Review time: 9 Days and 10 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Please consider all comments and suggestions for correction.

Comments to authors on the manuscript:

RESPIRATORY MUSCLE TRAINING WITH ELECTRONIC DEVICES IN THE POSTOPERATIVE PERIOD OF HEPATECTOMY - RANDOMIZED STUDY.

The manuscript is written to a rigorous scientific standard.

However, the theme of the manuscript gave major emphasis to the effect of respiratory training with an electronic device and its importance on time to hospital discharge in hepatectomized patients.

General comments about all the manuscript:

1. The document is well written. The thematic is well presented, easily to understand and the problematic is clear.

2. Well-written stats and results section.

3. Please insert a list of abbreviations after your abstract section. Many of your abbreviation are not mentioned or misused in the text: eg.

- P1L12: inspiratory muscle training group (**IMTG**)

- P1L17: physical therapy and those in the **"GTMI"**

- P1L17: IMT (please add the full text for the first appearance)

- P2-L92: TV. you mentioned it with CV. The correct term is Tidal Volume and the correct abbreviation "V_T" or "TV".

- P2L92: Vital. Change with "Vital Capacity".

- P5L200: PTE ? (the full term "Pulmonary thromboembolism" appeared only in P10L412).

- P6L253: PIM or IMP (P6L258), please harmonize the use of the same abbreviation throughout the manuscript.

- P10L420: MEP: maximum ***inspiratory*** pressure; maximum ***expiratory*** pressure.

4. What style have you adopted for the presentation of bibliographic references in the text (e.g. Vancouver, APA7th, AMA11th or Chest, etc.). The presentation of the references you have used is not usual.

5. Section Results:

- P3L128-129: *There was no significant difference between the groups according to gender (P-Value: 0.910), age (P-Value: 0.140) and BMI (P-Value: 0.140)*. Why this result does not appear in any of your three tables. Please add the socio-demographic data of your patients (age, gender and BMI); this result is important as you mention age at the beginning of your discussion (P4L165). The same applies to BMI (P4L170-174)

- P4L152: showed a statistical tendency (p = 0.0549). This does not make sense, either this result is significant or it is not. In this case, the p is greater than 0.05, so there is no significance between those on chemotherapy and those without.

- P4L153: put the value of "p" after "did not undergo chemotherapy (eg. p=0.67).

6. Section Discussion:

The discussion section is well written

7. Section Conclusion.

- P7L292: Why use an abbreviation for a term that is only used once in the entire manuscript? Delete this abbreviation "postoperative pulmonary complications (*PCC*)".

8. Section References.

- P7L321: correct reference 8. Delete "Boden 2018 novo 1". The correct reference is (Boden I, Skinner EH, Browning L, Reeve J, Anderson L, Hill C, et al. Preoperative physiotherapy for the prevention of respiratory complications after upper abdominal surgery: pragmatic, double blinded, multicentre randomized controlled trial. BMJ. 2018; 360:j5916).

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SPECIFIC COMMENTS TO AUTHORS

Thank you so much for the article Please include more detailed information about patients - by age and gender group please include information about the inclusion and non-inclusion criteria as written in the informed consent Please provide more detailed information about the approval by the ethics committee