

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 36886

Title: Transcutaneous electroacupuncture alleviates postoperative ileus after gastrectomy: A randomized clinical trial

Reviewer's code: 00503460

Reviewer's country: Italy

Science editor: Ze-Mao Gong

Date sent for review: 2017-11-15

Date reviewed: 2017-11-21

Review time: 6 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The first sentence of the Results has already been written in Materials and Methods. The Reference 24 is the same of the 9. In the pN staging of the table 1 the Authors put also the N4, but it doesn't exist. Furthermore in the table 1 in the TEA column the numbers of the pT and pN are the same: is it a typing mistake?

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 36886

Title: Transcutaneous electroacupuncture alleviates postoperative ileus after gastrectomy: A randomized clinical trial

Reviewer's code: 02941461

Reviewer's country: Netherlands

Science editor: Ze-Mao Gong

Date sent for review: 2017-11-30

Date reviewed: 2017-12-02

Review time: 2 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Hereby I would like to comment on the article entitled: "Transcutaneous electroacupuncture alleviates postoperative ileus after gastrectomy; A randomized clinical trial" by the authors Chen KB et al. The authors show in a randomized clinical trial that transcutaneous electroacupuncture reduces time to first flatus or defaecation following gastrectomy. This is an interesting concept and the authors should be congratulated on performing this study. However, I have some major concerns 1. The authors state that postoperative enema was an exclusion criteria. This suggests that patients were excluded after randomization. However this is not described in the methods section. Furthermore, it is unclear how patients were randomized (was it done by computer randomization) and it was unclear whether patients in the control group also were given the wrist band. 2. Regarding POI; there is no clear definition in



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the materials and methods, I would suggest using the definition by Vather et al (J Gastrointest Surg. 2013 May;17(5):962-72). It is unclear how time to first flatus or defaecation was assessed. Did the patients receive diaries? The authors do not show a difference in POI, but a difference in time to first flatus or defaecation, this should be stated more clear. The title is misleading. 3. How did the authors assess bowel sounds? In my view this is a very unreliable parameter and it would be better to omit these results. 4. The type of gastrectomy (total or partial) needs to be included in the baseline characteristics. 5. The nasogastric tube duration is long and does not reflect current clinical practice. Why was this done? Did the patients get postoperative ERAS treatment? Minor 1. The discussion needs to be compacted 2. The reason for withdrawal of the 3 patients should be stated when known

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 36886

Title: Transcutaneous electroacupuncture alleviates postoperative ileus after gastrectomy: A randomized clinical trial

Reviewer's code: 03252972

Reviewer's country: China

Science editor: Ze-Mao Gong

Date sent for review: 2017-11-30

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Review time: 4 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This study investigated an innovative intervention for POI and found that TEA may help with the recovery of POI. The results are interesting and promising, especially with such a small and portable device. Nevertheless, the study design consists of many biases that may influence the objectiveness of the study. Some are listed as follows: 1. One major issue of POI study is that most outcome parameters are subjective. Therefore, keeping doctors and patients blinded from the study is the priority to ensure the objectiveness of the results. In this study, it was highly possible to fulfill that since the device is very small and there was little difference between on and off. Giving control patients sham stimulation should be conducted for this reason. However, as far as I see, no such sham group was included. Both patients and doctors or even researchers are aware of the grouping, this causes inevitable biases. 2. The authors should explain



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how were the patients divided into different groups, by envelope, random number, or program? This is also very important issue that should be very carefully handled in such study design. 3. The primary outcome should be ONE single outcome that is closely related to the research outcome. Instead, the authors chose three. Please explain carefully why three and why these three? 4. According to the literature, the most reliable parameter for POI is passage of feces and tolerance of solid food intake (published on Annals of Surgery by an Amsterdam group). Neither of them was included in the analysis. Instead, the authors chose passage of flatus and bowel movement, both are considered as not reliable by many studies. 5. In the methods, the authors should explain the definition or how each parameter was measured.