

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 15548

Title: Postoperative Fluid Management

Reviewer's code: 00502799

Reviewer's country: Greece

Science editor: Yue-Li Tian

Date sent for review: 2014-11-29 16:08

Date reviewed: 2015-01-16 22:41

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" 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

This is a very interesting review about Postoperative Fluid Management. Since this is a review, one would expect to read quite more about practical guidance for Postoperative Fluid Management, i.e. how to follow certain algorithms, e.g. using stroke volume variation. In your text, you should add such algorithms and explain more analytically the use of them.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 15548

Title: Postoperative Fluid Management

Reviewer's code: 00502807

Reviewer's country: India

Science editor: Yue-Li Tian

Date sent for review: 2014-11-29 16:08

Date reviewed: 2014-12-12 19:39

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

COMMENTS TO AUTHORS

1. Under heading of Monitoring Body Fluid Status: Content could be divided in static and dynamic parameters for hemodynamic monitoring 2. Under heading of Type of IV Fluids: Crystalloids and colloids: Associated of colloid resuscitation and acute kidney injury / mortality should be described 3. Under heading of Fluid resuscitation strategies: Consider to add evidences regarding fluid balance and patient outcome (mortality). 4. Studies with Goal directed therapy (other than esophageal Doppler monitoring) should be described in fluid resuscitation strategies.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Critical Care Medicine

ESPS manuscript NO: 15548

Title: Postoperative Fluid Management

Reviewer's code: 00502732

Reviewer's country: United States

Science editor: Yue-Li Tian

Date sent for review: 2014-11-29 16:08

Date reviewed: 2014-12-27 06:20

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input 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 checked="" 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The authors provide a nice, relatively succinct review on the research pertaining to postoperative fluid management. I do have several concerns with the current manuscript: 1. The manuscript requires extensive copyediting for grammar, punctuation, spelling, and English word usage. The manuscript would benefit from careful review again by the authors. 2. The manuscript is at times difficult to follow. For example, the transition from the 2nd page of the body of the text (under the heading "Body Fluid Compartments") to the 3rd page seems to be missing some key phrases or sentences. 3. The discussion on colloids vs. crystalloids is in two different sections ("Types of Intravenous Fluids" and "Fluid Resuscitation Strategies") - this is confusing and should be corrected. Please place this discussion in one section only. 4. The authors neglect to mention several studies of critical importance describing the harmful effects of synthetic colloids, especially in the ICU setting (there is a particular association between these fluids and renal dysfunction that is not even mentioned here). In addition, the discussion on the SAFE study, the numerous meta-analyses, and recent studies are only mentioned in brief. I would think that these should be discussed more in this kind of review article. 5. The authors discuss "goal-directed therapy" without mentioning some of



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the recent studies that have failed to show a benefit to goal-directed therapy in critically ill patients.