

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 18707

**Title:** Role of laryngeal mask airway in laparoscopic cholecystectomy

**Reviewer's code:** 03035236

**Reviewer's country:** Brazil

**Science editor:** Jing Yu

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" 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"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		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 study is relevant, especially in difficult intubation situations where the laryngeal mask can allow ventilation for the procedure, which according to the studies presented, would not result in increased risk of aspiration. In my assessment, some points would need to be addressed: 1) In the Introduction section, some statements need the references: "Over one million cholecystectomies are performed in the U.S...." "This device has several advantages when compared to tracheal intubation..." "Laparoscopy is thought to increase the risk of aspiration due to..." 2) The study addressed the concern about adequate ventilation, but the capnography measurement during surgery was not mentioned, an important parameter to control hypercapnia in laparoscopic procedures. Any of the included studies have analysed this topic? 3) One of the concerns is the increased abdominal pressure during the procedure. The studies suggest a safe pneumoperitoneum pressure? 4) In my evaluation, the presence of the gastric drainage channel should be mandatory for the procedure, because a common situation is the need for aspiration of gastric contents, so that the surgical field is properly exposed. Gastric distention may impair the exposure of the triangle of Calot. This comment should be present in the Discussion section. 4) Based on the findings of the studies presented, an



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inclusion criteria could be suggested by the authors in the Conclusion section, in order to guide more clearly the use of the laryngeal mask. - ASA I and II (III?) - Non-obese patients (BMI <30) - Pneumoperitoneum pressure \_\_\_mmHg - Use of laryngeal mask with a drain tube available - Prophylactic routine gastric aspiration (?)