

PEER-REVIEW REPORT

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Title: Combined lumbar muscle block and perioperative comprehensive PCIA with butorphanol in gynecological endoscopic surgery

Reviewer's code: 06135202

Position: Peer Reviewer

Academic degree: PhD

Professional title: Doctor

Reviewer's Country/Territory: Saudi Arabia

Author's Country/Territory: China

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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 Grade E: Do not publish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 type="checkbox"/> Yes <input checked="" 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



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SPECIFIC COMMENTS TO AUTHORS

Inhibition of the immune function of patients with gynecological malignancies can also lead to tumor escape, increasing the risk of tumor recurrence or metastasis after surgery. And active analgesic therapy is required after gynecological laparoscopic surgery. Patient-controlled intravenous analgesia is a common and convenient analgesic method after general anesthesia, and some scholars have proposed the use of early postoperative multimodal analgesia to accelerate rehabilitation, and regional block is an important aspect of multimodal analgesia that can reduce surgical stress and the required dose of anesthetics. This study evaluated the effects of lumbar block combined with patient-controlled intravenous analgesia with butorphanol on postoperative analgesia after gynecological surgery under general anesthesia. The study is very interesting. The results are well displayed, and discussed. A minor editing of the language and the format is required. Please take attention the blanks in the text, some blanks between the words are missing.