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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7716

Title: Advancing Frontiers in Anaesthesiology with Laparoscopy

Reviewer code: 02549363

Science editor: Su-Xin Gou

Date sent for review: 2013-12-02 17:06

Date reviewed: 2014-01-25 10:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

- Please identify a clearer aim for your article.

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7716

Title: Advancing Frontiers in Anaesthesiology with Laparoscopy

Reviewer code: 00506142

Science editor: Su-Xin Gou

Date sent for review: 2013-12-02 17:06

Date reviewed: 2014-01-27 16:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The author initially stated the brief history of the development of laparoscopic and robot-assisted laparoscopic surgery, and then described anesthetic implications of these surgical procedures. Collectively, this paper is a well-described review article, although it deals with the early stage of the development of laparoscopic surgery lengthily. Rather, it would be better to focus on the recent achievements and future direction of laparoscopic surgical procedures (e.g., extended indications of conventional laparoscopic surgery, single-port laparoscopic surgery, or natural orifice transluminal endoscopic surgery). When considering the limited space, this article cannot deal with specific laparoscopic surgical procedures (e.g., fast-track laparoscopic bariatric surgery, laparoscopic pheochromocytoma excision, and thoracoscopy in this paper) thoroughly. So, I think that it may be meaningful to deal with specific patient's conditions (e.g., pregnancy, elderly patients, or patients with a limited cardio-pulmonary function) undergoing laparoscopic surgery in the view of anesthesiologists. Lastly, I think that the paragraph in line 5~11 of manuscript page No. 18 is wrongly inserted. I suggest the wrongly inserted paragraph as follows. [The robot is a bulky equipment which ... At the end of surgery, when the robot's arms have been removed from the patient, the neuromuscular block may be reversed.] I really appreciate to read your wonderful contribution.

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7716

Title: Advancing Frontiers in Anaesthesiology with Laparoscopy

Reviewer code: 02549484

Science editor: Su-Xin Gou

Date sent for review: 2013-12-02 17:06

Date reviewed: 2014-02-09 20:49

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input checked="" 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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. In the article, the author mentioned that it is recommended that slowly and gradually establish the pneumoperitoneum, in our hospital, the general rate is 4-5/L, my question is whether this rate is appropriate? 2. During the operation, due to the change of surgical instruments, sometimes the pneumoperitoneum established several times thus the IAP always change, whether the process caused different pathophysiological processes compared with ideal process? 3. Whether the volume of the CO₂ used in establishing the pneumoperitoneum has any limitation?