



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6237

Title: ANESTHETIC PERIOPERATIVE MANAGEMENT OF PATIENTS WITH PANCREATIC CANCER

Reviewer code: 02444955

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-11 11:29

Date reviewed: 2013-11-11 00:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B (Very good)	<input type="checkbox"/> [Y] 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

A well written and extensive review about the anesthetic perioperative management of pancreatic cancer patients. A few recommendations for improvement (from the surgeon’s point of view): 1. Abstract: please include interventional radiologists. Good data is available that the presence of interventional radiologist is associated with reduced postoperative mortality. 2. Postoperative management: please include specifics about the management of patients who underwent total pancreatectomy (e.g. continuous insulin supplementation in early postoperative phase) 3. Several pancreatic centers are much more progressive in the fast track concept (valid for pancreatoduodenectomies as well as for left resections): extubation in the OR, immediate removal of gastric tube after extubation, start drinking 6 hours postoperatively, start of solid food on POD 1 or 2. 4. Introduction, third paragraph: ...to be one of the key criterion.... There are several more, e.g. interventional radiology (see above) 5. Preoperative risk assessment: Please do not include “biliary stenting” or discuss critically. Biliary stenting increases septic complications and should only be performed when necessary (high bilirubin with associated coagulation dysfunction). Icteric patients without coagulation disorder should be operated as soon as possible. 6. Table 1 includes mechanical bowel preparation. This needs to be deleted since it has no value in pancreatic surgery. “Minimal invasive surgery” is placed in the postoperative row. Please delete. It is very controversial if minimal invasive pancreatic surgery, which is associated with significantly longer operating times, is beneficial. 7. Table 2: “Thoracic surgery” needs to be deleted, since not typical for pancreatic surgery. Table legends include “perioperative”, bit should better say “perioperative”. Does “prolonged hospitalization” include the pre- and postoperative time?



Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6237

Title: ANESTHETIC PERIOPERATIVE MANAGEMENT OF PATIENTS WITH PANCREATIC CANCER

Reviewer code: 02460781

Science editor: Wen, Ling-Ling

Date sent for review: 2013-10-11 11:29

Date reviewed: 2013-11-16 19:34

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> 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

The article as a review is too long. The content is too extensive. The reference literature in the article is too old. It should be given a big revision before publishing.