

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 85703

Title: Analgesic effect of ultrasound-guided bilateral transversus abdominis plane block in laparoscopic gastric cancer

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06503217

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Chief Physician

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2023-06-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-06-19 07:41

Reviewer performed review: 2023-06-26 07:47

Review time: 7 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 checked="" type="checkbox"/> Yes <input 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

SPECIFIC COMMENTS TO AUTHORS

Dear author, Thank you for sharing your article entitled “Effects of intravenous general anesthesia combined with epidural anesthesia and with ultrasound-guided bilateral transversus abdominal plane block on POCD, intestinal barrier function and postoperative recovery quality in gastric cancer patients undergoing laparoscopic radical gastrectomy” Your article is good in grammar and scientific writing rules. The topic is actual and well described. However, I have some questions and suggestions: 1. Have the VAS scores of the two groups been adjusted? 2. Have you compared the use of analgesics in two groups? Are there any differences between the two groups? 3. The ethics committee’s consent is not stated in the manuscript. More information of ethics should be included. 4. The limit of the study should be discussed.

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Title: Analgesic effect of ultrasound-guided bilateral transversus abdominis plane block in laparoscopic gastric cancer

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06520263

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2023-06-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-06-19 00:59

Reviewer performed review: 2023-06-27 01:16

Review time: 8 Days

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 checked="" type="checkbox"/> Yes <input 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

SPECIFIC COMMENTS TO AUTHORS

This retrospective study investigates and compares the anesthetic effects of intravenous general anesthesia combined with epidural anesthesia and with ultrasound-guided bilateral transversus abdominal plane block in gastric cancer patients undergoing laparoscopic radical gastrectomy. They authors analyzed the clinical data of 85 patients who underwent laparoscopic radical gastrectomy in our hospital from December 2020 to January 2023. Patients were divided into TAPB group and epidural anesthesia group according to different anesthesia and analgesia programs. The pain status, cognitive status, intestinal barrier indicators, recovery quality, and incidence of complications were compared between the two groups. The results of this study showed that the agitation score of TAPB group was significantly lower than that of epidural anesthesia group, the incidence of agitation during recovery period was significantly lower than that of epidural anesthesia group, and the total incidence of postoperative complications was significantly lower. Which is worthy of clinical promotion and application. I have some doubts about the observed indicators. The patient controlled intravenous analgesia (PCIA) pump was used after surgery. Although a single compression dose and locking

time were set, in general, The actual dose of fentanyl used in each patient varies clinically. Thus, the VAS score between the two groups was actually the result of an analgesic effect. If the patient had used PCIA before scoring, the score would have actually been lower. Does the author take this into account?