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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Surgery
ESPS Manuscript NO: 5589
Title: The Effect of The Transversus Abdominis Plane Infiltration on Postoperative Quality of Recovery in Morbid Obese Patients undergoing Laparoscopic Gastric Banding: A Randomized, Double Blinded, Placebo Controlled, Pilot Study
Reviewer code: 02482368
Science editor: Zhai, Huan-Huan
Date sent for review: 2013-09-16 15:21
Date reviewed: 2013-09-18 01:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	
[Y] Grade D (Fair)		BPG Search:	[ ]Rejection
[ ] Grade E (Poor)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS
ClinicalTrials.gov Identifier: NCT01075087 The stated objective of the study in the study is to estimate an effect size for TAP infiltration on quality of recovery in morbidly obese patients undergoing laparoscopic gastric band surgery. The study is described as a pilot study. A hypothesis is offered. The methodology appears to be strong. The study is prospective, randomized and blinded. The method of randomization is stated. The performance of the block itself is appropriate. Primary and secondary end points are not clearly stated. The estimation of sample size is unusual. The primary and secondary outcomes as stated in the online clinical trials registry is opioid consumption. QoR-40 is not mentioned. The TAP dose in the study differs from that listed in the clinical trials registry (30 ml). The study period runs until March 2014. It is disappointing that recruitment is not continuing as the major weakness of this study is that it is underpowered. The clinical meaningfulness of a 10 point difference in a 200 unit scale is unclear to me especially when the scores are 170+ in each group. The following are missing and are of relevance to TAP blocks in general ? What was their experience of GSD in use of TAP block prior to the study. ? The time points at which pain is assessed. It is also stated that in early recovery, the area under the NRS pain scale versus time was calculated. What defined 'early' recovery? How was pain assessed after this? ? Insufflation pressure. ? Volume of insufflated gas ? Port site locations ? Time breakdown of opioid administration in the post-operative period. Much of the benefit of TAP blocks is seen in the first six hours. It may be beneficial for the authors to analyse the early data. Results There was unfortunately no significant difference between the groups in any of the stated outcomes and this is clearly secondary to failure to

recruit adequate numbers of subjects and not due to lack of efficacy of the intervention. The emphasis on positive trending distracts the readers from the lack of statistical significance. If this is truly a pilot study then the authors should generate the sample size calculations based on the data acquired. A breakdown of the data by domain of the QoR-40 scale would be of interest mechanistically. Discussion. The authors place strong emphasis on the importance reduction in opioid side effects but measure few of them. Data on hypoxaemia are not given. Vomiting/retching are not reported beyond PACU. The conclusions are overstated and are not supported by the results. General comments. There are a large number of typographic errors. Decimalization is inconsistent in the table. Many of the references seem irrelevant to the specifics of TAP blocks (14,14,24,33).

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Title: The Effect of The Transversus Abdominis Plane Infiltration on Postoperative Quality of Recovery in Morbid Obese Patients undergoing Laparoscopic Gastric Banding: A Randomized, Double Blinded, Placebo Controlled, Pilot Study
Reviewer code: 00852498
Science editor: Zhai, Huan-Huan
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[Y] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
The design of the study is good and the subject is of clinical relevance. However, the population is so limited that I doubt we can draw any other conclusion than "a study on a wider population is required"... I think that the authors should try to finish the inclusions with another center or change the nature of the paper to a cases report. 2 points need to be discussed: 1. The real importance of parietal pain after laparoscopic surgery needs to be discuss. Indeed, the parietal pain after laparoscopic surgery is weak and is successfully treated by a TAP block. But the visceral pain, which can be important after gastric banding, is not really influenced by a TAP block. 2. In the TAP group, 9 patients out of 10 had nausea versus 6 out of 9 in the control group, how can you explain this? The structure and the writing of the paper should be corrected because some points are not in accordance with author guidelines, for example: - replace conclusions part by discussion - 2nd paragraph of the conclusion: replace particular by particularly The other writing mistakes should be easily found by a meticulous re-reading of the paper.

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Title: The Effect of The Transversus Abdominis Plane Infiltration on Postoperative Quality of Recovery in Morbid Obese Patients undergoing Laparoscopic Gastric Banding: A Randomized, Double Blinded, Placebo Controlled, Pilot Study
Reviewer code: 02551075
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
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[Y] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
The subject of use of TAP blocks is topical and it's use in laparoscopic surgery has been investigated with promising results. It is appropriate to study its efficacy in the cohort of patients that the current study has set out to. The methodology, blinding and statistical methods used are appropriate. The volumes of intervention and control group drugs show discrepancy between that published on the clinical trials website and the study itself (30 ml vs 20 ml). It is very disappointing that the authors chose to stop recruitment at 19 cases although their aim was for 50 participants. This study is grossly underpowered rendering any results inconclusive. The authors' stress on positive trends have limited value in the context of meaningful scientific results. The authors stress on the importance of limiting opioid consumption as a means for reduction in unwanted side effects although the results show that the TAP group experienced more nausea. None of the other opioid side effects were investigated. There's a plethora of topographical errors and many references cited are irrelevant to this study.