

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 20843

Title: Unsedation colonoscopy can be not that painful - Evaluation of the effect of 'Lamaze method of colonoscopy'

Reviewer's code: 02489436

Reviewer's country: Spain

Science editor: Yue-Li Tian

Date sent for review: 2015-06-26 14:12

Date reviewed: 2015-07-08 19:39

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In my opinion, the study is interesting and can be very useful in the pain-relief area of study. However, in my view, the manuscript does not have the quality needed for publication in a journal like the World Journal of Gastroenterology, unless authors undertake major revision. - Incorporate in the title how participants were allocated to interventions (e.g., "random allocation," "randomized," or "randomly assigned") - Avoid repeatedly use the expression 'Lamaze method of colonoscopy' and Lamaze method of childbirth. Maybe using acronyms. - In the Introduction, expanding the scientific background and explanation of the rationale of the Lamaze method of childbirth, and why authors thought it was plausible to adapt it to colonoscopy. - Add the bibliographic reference that supports the eligibility criteria for participants. - Specifies the settings and locations where the data were collected. - It is repeated in two separate paragraphs that patients signed informed consent. - How many endoscopists actually were involved? Were they experienced? - Precise details of the interventions intended for each group, especially in the Lamaze method group. It is stated that "patients in Lamaze group were trained by the assigned nurse in endoscope center, 5-8 minutes



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before examination” How authors made sure that this time was enough? Is this method so simple to learn? For all patients, for all ages, for all intellectual levels? - Specify objective and hypotheses. - Clearly define primary and secondary outcome measures - How sample size was determined? - Which method was used to generate and implement the random allocation sequence? - Who generated the allocation sequence, who enrolled participants, and who assigned participants to their groups? - Were the patients blind to group assignment? - Were the endoscopists blind to group assignment? - Who were those assessing the outcomes? Were they blinded to group assignment? - I recommend incorporating a diagram of the flow of participants through each stage. - Was the analysis made by “intention-to-treat”? - In the Discussion, authors claim “The Lamaze method of colonoscopy could maintain a relatively constant position of intestinal tract by deepening abdominal respiration, made colonoscope passed easily” How do they know that? Did they measure this in some way? - In the Discussion, authors used acronyms (ARDS, SPO2) not previously defined.

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Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 20843

Title: Unsedation colonoscopy can be not that painful - Evaluation of the effect of 'Lamaze method of colonoscopy'

Reviewer's code: 01430813

Reviewer's country: Brazil

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This a nice article. However some methodological aspects need to be made clearer. 1. The authors informed that patients were randomly in three groups. However there is a large difference in the number assigned to each one of the groups. Why there is such a difference? Why the Lamaze group has 224 patients as compared with 178 and 183 in the other two study groups? 2. How many patients had ileocolic anastomosis? Is there a difference among groups? 3. Table 5 is not clear. There should be na explanation about its results. Was thre a median score of pain for each study group? 4. Discussion: which is the current method of choice for colonoscopy at their institution? NO sedation or anesthetic control?