

ESPS PEER-REVIEW REPORT

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Title: Fast track anesthesia for liver transplantation: Review of the current practice

Reviewer's code: 00739534

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

I read with interest this narrative review on fast track anesthesia for liver transplantation. I have a few comments to make: General comments 1. The methodology of the review should be briefly presented: details on literature research should be presented (databases-electronic-manual searching, key words, type of articles, number of relative articles used in the review, etc). 2. Since a few relative recent reviews on the same subject already exist in the literature, I consider that the authors should focus more on new information that can be found in literature about early tracheal extubation/fast track anesthesia in liver transplantation (for example, are there relative data on use of remifentanyl, sugammadex, desflurane, monitoring of anesthetic depth - dexmedetomidine, PCEA, etc?) I mean some of the above may accelerate the recovery of anesthesia, while others can improve postoperative analgesia and concomitantly reduce opioid consumption. The authors state that they do not commonly use BIS; nevertheless, are there evidence to support that the use of BIS would help in fast tracking? 3. The authors' personal experience is more than valuable. I wonder though, if any of the presented information (from the authors' centre) has been published before in the form of original article-prospective or retrospective study? This would increase the power and significance of the

description –regarding suggested clinical practices. 4. All statements should be supported by relevant references (especially in the introduction where there are no references) 5. All the abbreviations used should be presented in full words the first time they appear in the manuscript

Specific comments

1. In the section “Anesthesia for Fast Track” 2nd line: “...This typically consisted of thiopental or propofol combined with narcotics at induction,.. for maintenance”: the word narcotics should better be avoided and replaced.
2. The authors write: “Concern has been raised over the use of propofol infusions for liver transplantation based on the fact that concentrations appear to increase during the anhepatic phase. 25 26”: what about TCI propofol ? is it advantageous? Is there relevant literature?
3. Page 7: “These finding necessitate...”: please correct to “findings”
4. Page 7: “These finding necessitate careful titration of these agents in...”: I suggest rewording of this sentence
5. Page 8: The authors write: “Most often, neuromuscular blockade is achieved with atracurium or cis-atracurium, however vecuronium, rocuronium, and pancuronium have all been employed in studies evaluating early extubation.”: they should support this statement with relevant references
6. Page 8: The authors write: “Since the latter, caution should be used when these medications.”: this sentence needs editing.
7. Are there available data regarding the use of sugammadex to reverse rocuronium in liver transplantation for early extubation?
8. Regarding postoperative analgesia, are there any suggested regimens or analgesic methods that are advantageous in fast track liver transplantation? Is there a place for multimodal analgesia? Apart from the experience of authors’ institution are there relative data from the existing literature?