

## ESPS PEER-REVIEW REPORT

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**Reviewer's code:** 00183194

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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 checked="" type="checkbox"/> Accept
<input checked="" 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 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

This is a well-written review on the topic of intra- and postoperative analgesia for patients undergoing liver transplantation. The author reviewed the opinions from the two sides of the problem whether patients undergoing LT truly need less analgesia, and emphasized the need for postoperative multimodal analgesia for these patients. However, maybe due to the limitation in number of literature discussing this issue, the evidence provided by the author is less than sufficient, maybe it is encouraged that the author conduct a systematic review to compare the outcome of patients receiving different types of analgesia.