

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**Manuscript NO:** 39877

**Title:** Reducing costly falls after total knee arthroplasty

**Reviewer's code:** 02444787

**Reviewer's country:** Turkey

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-05-29

**Date reviewed:** 2018-05-30

**Review time:** 23 Hours

| SCIENTIFIC QUALITY                                | LANGUAGE QUALITY  | CONCLUSION   | PEER-REVIEWER STATEMENTS                      |
|---|---|--|---|
| <input type="checkbox"/> Grade A: Excellent       | <input type="checkbox"/> Grade A: Priority publishing       | <input type="checkbox"/> Accept                    | Peer-Review:                                  |
| <input type="checkbox"/> Grade B: Very good       | <input checked="" type="checkbox"/> Grade B: Minor language | (High priority)                                    | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good            | polishing   | <input type="checkbox"/> Accept                    | <input type="checkbox"/> Onymous              |
| <input checked="" type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of           | (General priority)                                 | Peer-reviewer's expertise on the              |
| <input type="checkbox"/> Grade E: Do not          | language polishing  | <input type="checkbox"/> Minor revision            | topic of the manuscript:                      |
| publish   | <input type="checkbox"/> Grade D: Rejection                 | <input checked="" type="checkbox"/> Major revision | <input type="checkbox"/> Advanced             |
|   |   | <input type="checkbox"/> Rejection                 | <input checked="" type="checkbox"/> General   |
|   |   |  | <input type="checkbox"/> No expertise         |
|   |   |  | Conflicts-of-Interest:                        |
|   |   |  | <input type="checkbox"/> Yes                  |
|   |   |  | <input checked="" type="checkbox"/> No        |

### SPECIFIC COMMENTS TO AUTHORS

Abstract. It should be more brief and be shortened accordingly. 2nd page line 25. (p=0.04) value should be removed. Methods. Which statistical method did the authors use? The study group was too small to compare. Why did not authors use KI in ACB group? How did the authors exclude factors like hypotension, vertigo, neurologic disease which can



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cause falls from TKA?

#### INITIAL REVIEW OF THE MANUSCRIPT

##### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

##### *BPG Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Orthopedics

**Manuscript NO:** 39877

**Title:** Reducing costly falls after total knee arthroplasty

**Reviewer's code:** 02488945

**Reviewer's country:** Singapore

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-05-29

**Date reviewed:** 2018-05-31

**Review time:** 2 Days

| SCIENTIFIC QUALITY                                  | LANGUAGE QUALITY   | CONCLUSION   | PEER-REVIEWER STATEMENTS                      |
|---|--|--|---|
| <input type="checkbox"/> Grade A: Excellent         | <input checked="" type="checkbox"/> Grade A: Priority publishing | <input type="checkbox"/> Accept                    | Peer-Review:                                  |
| <input type="checkbox"/> Grade B: Very good         | <input type="checkbox"/> Grade B: Minor language                 | (High priority)                                    | <input checked="" type="checkbox"/> Anonymous |
| <input type="checkbox"/> Grade C: Good              | polishing  | <input type="checkbox"/> Accept                    | <input type="checkbox"/> Onymous              |
| <input type="checkbox"/> Grade D: Fair              | <input type="checkbox"/> Grade C: A great deal of                | (General priority)                                 | Peer-reviewer's expertise on the              |
| <input checked="" type="checkbox"/> Grade E: Do not | language polishing   | <input type="checkbox"/> Minor revision            | topic of the manuscript:                      |
| publish   | <input type="checkbox"/> Grade D: Rejection                      | <input checked="" type="checkbox"/> Major revision | <input checked="" type="checkbox"/> Advanced  |
|   |  | <input type="checkbox"/> Rejection                 | <input type="checkbox"/> General              |
|   |  |  | <input type="checkbox"/> No expertise         |
|   |  |  | Conflicts-of-Interest:                        |
|   |  |  | <input type="checkbox"/> Yes                  |
|   |  |  | <input checked="" type="checkbox"/> No        |

### SPECIFIC COMMENTS TO AUTHORS

While the preference for adductor canal block (ACB) over femoral nerve block (FNB) for similar analgesic effect and less quadriceps weakness in the post-operative period, is well known, this study is not well designed for the following reasons: The authors have not mentioned the post-operative days (POD) when the falls occurred. Most falls



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attributed to peripheral single shot nerve block should occur on POD 1 or 2. Also, whether continuous FNB or ACB were given and for how long is also not known. Which local anesthetic was used for each block is also not clear. Bupivacaine is known to cause more motor block compared to Ropivacaine. Also, the strength of each local anesthetic used is important. How the block was performed, whether ultrasound guidance was used and who performed the block, trainee or consultant. Were there any other measures for pain relief like PCA with morphine or other drugs which would make the patient drowsy? I am sure these records can be easily obtained from the patient files or electronic records. Patient inclusion criteria are also not mentioned in the method. Whether the TKA was unilateral or bilateral....Also, the patients undergoing revision surgery are bound to have weak quadriceps and there will be a greater chance of fall. Only patients with primary unilateral TKA should be included. Did all patients have osteoarthritis (OA) or there were a few patients with rheumatoid arthritis? Patients with OA usually have bilateral disease and usually the quadriceps are weak pre-operatively. Patients age and sex also should be taken into consideration as the risk of fall is much higher in elderly males. Patients with neurological and psychological diseases and with history of stroke should be excluded. Also, patients with unicompartmental knee replacement, previous hip arthroplasty or previous hip, tibia, ankle, foot fractures should be excluded. Previous non-ambulatory status and chronic use of opioids can also increase the risk of fall and hence these patients cannot be included in the study. Patients who are demented also should be excluded. The risk of fall also increases with increase in other comorbidities. Another important factor which can easily be included is the use of general anesthesia without neuraxial block in both groups. The title of the paper says: Reducing Costly Falls After Total Knee Arthroplasty: so, were there any other measures taken to prevent falls besides knee immobilization? E.g. checking muscle strength after continuous peripheral nerve block before mobilizing patient etc. The



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authors themselves have mentioned that a multivariate analysis is required to strengthen their evaluation. The above mentioned data can easily be obtained from the patient records to make this study worthy of publication.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
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##### ***BPG Search:***

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