

ESPS Peer-review Report**Name of Journal:** World Journal of Anesthesiology**ESPS Manuscript NO:** 9246**Title:** Intrathecal Morphine for Postoperative Analgesia: Current trends**Reviewer code:** 00506164**Science editor:** Huan-Huan Zhai**Date sent for review:** 2014-01-29 22:09**Date reviewed:** 2014-02-10 22:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In the paper entitled "Intrathecal Morphine for Postoperative Analgesia: Current trends" the author mainly discusses clinically intrathecal morphine treatments for post-operative analgesia with reasons and results in different doses and procedures.. Efforts of authors are valuable from a scientific viewpoint. It is very interesting and useful review for clinicians.

ESPS Peer-review Report

Name of Journal: World Journal of Anesthesiology

ESPS Manuscript NO: 9246

Title: Intrathecal Morphine for Postoperative Analgesia: Current trends

Reviewer code: 00529915

Science editor: Huan-Huan Zhai

Date sent for review: 2014-01-29 22:09

Date reviewed: 2014-02-13 03:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear Authors I congratulate you on this successful effort of writing this review. It is quite comprehensive. I propose the following improvements in the documents. 1. Language editing to improve the vocabulary and paraphrasing. Correction of typographical errors is also required. Formatting has to be according to universal referencing and journal requirements. 2. Document will be more comprehensive if you add Ramsay or other sedation scale for objective assessment of the side effect. It would be helpful if you mention risk of infection as complication of the procedure and take appropriate preventive measures. Thank you. The reviewer

ESPS Peer-review Report

Name of Journal: World Journal of Anesthesiology

ESPS Manuscript NO: 9246

Title: Intrathecal Morphine for Postoperative Analgesia: Current trends

Reviewer code: 00506189

Science editor: Huan-Huan Zhai

Date sent for review: 2014-01-29 22:09

Date reviewed: 2014-02-21 01:13

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

GENERAL COMMENTS

This paper is informative and provides some very good information on use of IT morphine in postoperative anesthesia. The tables and figure are useful.

The English is relatively good, but there are numerous small grammatical errors and sometimes sentence structure is hard to follow. Editing by a native English speaker is strongly advised.

Please do not start a sentence with the word "This" unless you tell us to what you are referring. For example, in Mechanisms of Action, the sentence "This leads to opening of potassium channels..." does not tell the reader what leads to potassium channel opening. Does it reference opioid binding, binding to G-protein receptors specifically, or the idea that the receptors are in Lamina I and II? The next sentence starts "This reduces the release of excitatory transmitters..." The reader does not know what reduces the release. Is it the opening of potassium channels, the reduction in intracellular calcium, the location of the receptors? See also the second paragraph in Pharmacodynamics & Pharmacokinetics, which is not clear.

Once you have given an abbreviation, please use the abbreviation in subsequent references. For example, you gave the term "intrathecal", gave the abbreviation "IT", then intermixed the abbreviation and the full term throughout the paper (Example: line one of Pharmacodynamics & Pharmacokinetics; in the Spinal Surgery Section, etc.).

Sometimes the headings are capitalized (Pharmacodynamics & Pharmacokinetics) and sometimes they are not (Different patient groups). Sometimes and is spelled out (Clinical Uses and Doses) and sometimes the ampersand is used (Pharmacodynamics & Pharmacokinetics).

SPECIFIC COMMENTS

Change the word “cheap” to “inexpensive” or “cost-effective”.

Core Tip: what is a Core Tip? Also, the second statement should not start with “It”. What does “It” reference?

Pharmacodynamics & Pharmacokinetics: needs references in first part of third paragraph.

Clinical Uses and Doses: in the Obstetrics section, you make the point for 24 hour monitoring, but why just in this section?

Clinical Uses and Doses: in the General Surgery and Urology section, why was the recommendation by the group with PROSPECT collaboration made not to use IT morphine or epidural analgesia?

Different Patient Groups: in the Elderly patients section you indicate that the elderly will be more sensitive to IT morphine, and then say no added risks have been reported and sedation scores are lower. This seems to be a contradiction.

Side Effects of IT Morphine: the third paragraph statement about a lack of clear definition for respiratory depression is critical and should be at the front of the discussion about respiratory depression. As it is now, the statement is sandwiched between the notion of early respiratory depression and ways to measure respiratory rate.

Summary: the statement about not using IT morphine for day surgery is important, but the reason for you saying that is lost in the first paragraph of Clinical Uses and Doses. Can you highlight that important observation within that paragraph?

You indicate that antiemetics should be prescribed for IT morphine, but I could not find anything about nausea and vomiting in the Side Effects of IT Morphine section, nor any place else in the document. If nausea and vomiting are in there, they are well-hidden.