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PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

Manuscript NO: 43284

Title: In an Enhanced Recovery After Surgery Pathway, the use of Fascia Iliaca Blocks Causes Delayed Ambulation after Total Hip Arthroplasty

Reviewer's code: 01220036

Reviewer's country: United States

Science editor: Li-Jun Cui

Date sent for review: 2018-10-31

Date reviewed: 2018-10-31

Review time: 6 Hours

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 checked="" 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 checked="" 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 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 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

accepted

INITIAL REVIEW OF THE MANUSCRIPT



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Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

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- ☐ No



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PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

Manuscript NO: 43284

Title: In an Enhanced Recovery After Surgery Pathway, the use of Fascia Iliaca Blocks Causes Delayed Ambulation after Total Hip Arthroplasty

Reviewer's code: 03516969

Reviewer's country: New Zealand

Science editor: Li-Jun Cui

Date sent for review: 2018-10-31

Date reviewed: 2018-11-05

Review time: 1 Hour, 5 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 checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input 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

Title: In an Enhanced Recovery After Surgery Pathway, the use of Fascia Iliaca Blocks Causes Delayed Ambulation after Total Hip Arthroplasty
Synopsis: This is a retrospective cohort of patients undergoing primary total hip arthroplasty (THA)

comparing those having fascia iliaca compartment blocks (FICB) and those patients who did not. The primary outcome measure was the ability to ambulate following surgery. Abstract: Whilst FICB has been practiced to improve postoperative analgesia after THA quadriceps weakness is a concern especially with respect to a patients ability to embrace an ERAS protocol. Introduction: The rationale for the study and background is described clearly. Methods: 39 patients were involved in this study: 20 who had FICB under USS guidance and 19 who did not have FICB. Appropriate IRB approval was achieved. Physiotherapists. All adjunctive analgesia were recorded. Statistics: Fine. Results:. Please label the Table as "Table 1". Please state the number of patients in each group explicitly. Also please state when the patients could ambulate – presumably the statement refers to Day 0? Discussion:. Please rewrite this section. The structure should be a short summary of your results (no more than 8 lines including the retroversion and muscle findings), comparison of your results to published results in terms of your main variables of interest then discuss the strengths and limitations of the study. Please comment more on the clinical relevance from this study's results. It would be useful if the authors could include PROM such as Oxford Hip score/HOOS etc both pre and post-operatively. As it stands there is a paucity of data on whether patients in each group had more severe OA as this could be significant confounder. Figures/Tables: Ok Conclusions: OK Overall decision: Accept with revisions.

INITIAL REVIEW OF THE MANUSCRIPT

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