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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 29017

**Title:** Face Transplantation: Anesthetic Considerations

**Reviewer's code:** 03347136

**Reviewer's country:** United States

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2016-02-16 19:57

**Date reviewed:** 2016-02-17 22:07

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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 checked="" 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

Minor revisions: Reviewer's comment: Throughout the paper, in several instances the author refers to the fact that "A silicon face mask created from the facial impression is used to reconstruct the face and preserve the donor's dignity" While an interesting fact this has nothing to do with the focus of the paper "Anesthetic considerations" and should be omitted.

The fact that a silicon mask is used to reconstruct the face actually demonstrates high level of professionalism shown by the transplant teams. I think it is an important point and should NOT be omitted.

Introduction: The Author writes: "...the first near total face transplant was performed in the United States by the Cleveland Clinic Foundation in 2008. [2] Reviewer's comment: When referring to face transplants the terms "total", "near total", partial, etc... where invented so that the team performing these procedures could claim to be the first to perform the given procedure. In fact, a face transplant, is a face transplant , is a face transplant and these distinctions do not add any value to the field and



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should be avoided.

Technically, there are significant differences between a partial and total face transplant. What is defined by the surgical teams is correct---if Cleveland Clinic (US Best Hospital#2) states it is "near total", then it was near total and not total. Surgical definitions as stated by the surgeons should be maintained.

The Author writes: "Since the face is a very vascular organ, there is usually massive bleeding. There is severe bleeding, both in the dissection phase as well as in the reperfusion phase. Bleeding during dissection can be severe due to facial vascularity. Moreover, osteotomy sites can bleed excessively." Reviewer's comment: Here the author repeats the same thing 4 times. Only once is sufficient.

Agreed and corrected.



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 29017

**Title:** Face Transplantation: Anesthetic Considerations

**Reviewer’s code:** 02985362

**Reviewer’s country:** United States

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2016-02-16 19:57

**Date reviewed:** 2016-02-20 10:50

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

**COMMENTS TO AUTHORS**

1. P.4 - “byelaws” = bylaws --**Corrected.**

2. P.5 - “upto” = up to ----**Corrected.**

3. P.5, Recipient paragraph, and p .6 - missing reference - Janis, J.E., Khansa, I., Lehrman, C.R., Orgill, D.P., and Pomahac, B. Reconstructive Management of Devastating Electrical Injuries to the Face. Plast Reconstr Surg. 136(4): 839-847, 2015. ---**Added reference**

4. P.6 - “inorder” = in order -- **Corrected.**

5. P.6 and p.8 - Despite the reference, the routine use of pressors by most microsurgeons is usually discouraged in microsurgical procedures and should be noted. This is typically not a first line strategy, and should always be decided upon in conjunction with the surgeon(s). This needs to be explicitly mentioned in the article, as well as the importance of communications amongst the team in this regard. ----- **Point Added**



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6. P.7 - antibiotics are mentioned, but it should be mentioned that redosing of abx is also crucial due to blood loss and time of operation. This point should be added. \_\_\_Added

7. P.8 = "lap" = flap --- Corrected.



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## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 29017

**Title:** Face Transplantation: Anesthetic Considerations

**Reviewer's code:** 00842441

**Reviewer's country:** France

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2016-02-16 19:57

**Date reviewed:** 2016-02-29 22:39

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 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
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

The manuscript is interesting and well written. It would be useful to add the order of harvesting of face grafts versus internal organs when the cadavers were multiorgan donor.

Added.

Do you have any information on warm and cold ischemia times at least in your personal experience?

I don't have any new information other than what is available in the literature.