Author's response to reviews

Title: A national survey into perioperative anesthetic management of patients with a fractured neck of femur

Authors:

Mirka Soinikoski (mirka.soinikoski@utu.fi)
Kristiina Kuusniemi (kristiina.kuusniemi@tyks.fi)
Jouko Jalonen (jouko.jalonen@utu.fi)
Sari Kuitunen (sari.kuitunen@utu.fi)
Tapani Tuppurainen (tapani.tuppurainen@pp.inet.fi)
Kari Leino (kari.leino@tyks.fi)

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Author's response to reviews: see over
Dear Dr Henderson,

Thank you for the valuable comments concerning our manuscript (A national survey into perioperative anesthetic management of patients with a fractured neck of femur). We have carefully followed the suggestions and revised the article accordingly. Please find below our detailed response and revisions to suggested changes. We have also checked the references.
We hope that you can find our manuscript suitable for publication in BMC Anesthesiology after these changes.

Looking forward to your kind response I remain

Yours Sincerely,

Dr Kristiina Kuusniemi
Department of Anaesthesiology, Intensive Care, Emergency Care and Pain Medicine
Turku University Hospital
Kiinamyllynkatu 4-8, Turku
FI-20520, Finland
Fax: +358-2-3133960, Tel: +358-2-3132960, E-mail: kristiina.kuusniemi@tyks.fi
Editorial Comments:

In addition to the Referees' comments, could you please also address the following editorial points --

- Consent
Can you please include a sentence in your Methods section which details whether you obtained consent for your study, or whether consent was implied.

Reply: This has been added as suggested. (p 5, line 5 and p 5, line 15)

- Acknowledgments
Following from the Authors' Contributions, can you please include an Acknowledgements section. Please acknowledge anyone who contributed towards the article by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Please also include the source(s) of funding for each author, and for the manuscript preparation. Authors must describe the role of the funding body, if any, in design, in the collection, analysis, and interpretation of data; in the writing of the manuscript; and in the decision to submit the manuscript for publication. Please also acknowledge anyone who contributed materials essential for the study. If a language editor has made significant revision of the manuscript, we recommend that you acknowledge the editor by name, where possible.

Reply: The language editor has been acknowledged as suggested. (p 19, line 1)

Referee 1.

Reviewer's report:
A report of a nationwide survey of the practice of Finnish anesthesiologists in the care of patients with fractured hips is presented.
The study has been properly conducted and reported. Its data might be of some value if the anesthesia community in Finland were to embark on a review or audit
process of their practice in this area, but will have little or no impact on the science or practice of anesthesia in general.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Reply: Thank you for the valuable comments. We have tried to improve the language.

Referee 2.

Reviewer’s report:
I feel this paper is a good summary of anesthetic practices within Finland in 2009 and will be of interest to the readership. However there are a number of changes that I feel should be made before publishing.

Minor Revisions
1) I wonder if the conclusion this paper draws is consistent with the findings of the survey. Both the preoperative and post operative regimes show a wide variation in regimes used and so one could consider further studies in both areas are needed rather than just preoperatively.

Reply: This has been corrected as suggested. We have added also the postoperative part to the text dealing with consideration of the future studies. (p 3, line 13 and p 16, line 7)

Furthermore, not being familiar with the current preoperative practice in Finland some explanation regarding the average time to theatre and the standard anesthetic involvement during this period would be useful. In the UK it would be unusual for anesthetic involvement preop and blocks are carried out within A&E by the orthopaedic team or A&E staff.

Reply: We try to place the epidural catheters to the patients suffering from the fractured neck of femur as soon as it is possible. In the A&E it is usually not possible due to the hectically working environment. That is one reason why we do the blocks and other procedures in the preoperative room. If the patient is scheduled also to the operation
immediately we do the blocks in the operating theatre. The average time needed for these preoperative procedures might be around one hour, but unfortunately we don't have any statistics to give.

2) The use of NSAIDs both pre and post op would be unusual for the renal function issue mentioned and the increased use of thromboprophylaxis agents used. Therefore I think these risks should carry a greater cautionary warning within the paper.

Reply: This has been rephrased as suggested later on. (p 13, lines 9-14)

3) p 8 line 1 add the word "with" after exclusively.

Reply: This has been added as suggested. (p 8, line 5)

4) p 13 line 1 the sentence beginning with "it has" needs rewording ? change to However, it does have the same common undesirable effects as morphine......

Reply: This has been corrected as suggested. (p 13, lines 9-10)

5) p 13 line 5 beginning with "However" needs rewording as does the following sentence beginning with "Furthemore". ? change to "However, the relatively high prevalence of renal dysfunction among elderly patients may contraindicate the use of NSAIDs in some patients, while opioids may..... Furthermore, a shift from opioid analgesia to femoral nerve block techniques, as a part of the optimised hip fracture program, has reduced the rate of in hospital......

Reply: We have rephrased the sentences as suggested. (p 13, lines 13-14, p 13 line 16, page 14, line 1)

6) p14 line 1 change enqiure to survey

Reply: This has been changed as suggested. (p 14, line 12)
7) Figure 2 & 3 Labels should include "Intraoperative care" within the titles.

Level of interest: An article whose findings are important to those with closely related research interests

**Reply:** This has been corrected accordingly.