Author’s response to reviews

Title: The efficacy of intravenous paracetamol versus dipyrone for postoperative analgesia after day-case lower abdominal surgery in children with spinal anesthesia: a prospective randomized double-blind placebo-controlled study

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Author's response to reviews:

REVISION LETTER
September 19, 2013
Dear Ms Costoy,

Thank you for your valuable contributions to our manuscript titled “The efficacy of intravenous paracetamol versus dipyrone for postoperative analgesia after day-case lower abdominal surgery in children with spinal anesthesia: a prospective randomized double-blind placebo-controlled study” (Ms. Ref. No: 2676644709851535). We have revised the manuscript in accordance with the editor’s comments, and have attached a commentary to show where the changes have been made in the text.

Thank you for your time and consideration.
Best regards,
Esra Caliskan, MD

Editor’s comments:
General comments
Editorial Requirements:

After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further. We advise you to seek the assistance of a fluent English speaking colleague, or to have a professional editing service correct your language. Please ensure that particular attention is paid to the abstract.
Revision
According the editor comment; our manuscript edited by a native-English
speaker with scientific expertise and professional editing service (www.edanzediting.com) (Description: G1309-4397-Caliskan-PBP).
The manuscript needs attention and revision on the following issues:
Comment 1.
Abstract:
1. Please provide information on pain scores, if they are at rest or during
mobilization (goes for the whole manuscript).
Revision 1.
1. Pain scores was assessment in resting period during all time period”.
We have made it clear that the VAS score referred to pain experienced at rest in
the Abstract (page 2, line 9) and Methods (page 7, line 13).
Comment 2.
Methods
Page 7: Primary outcome is VAS score. At what specific timepoint of assessment
is the primary outcome defined and the sample size based?
Revision 2.
We have now added a sentence to our explanation of the sample size calculation
that states: ‘We identified that the highest pain scores tended to be reported 2 h
after surgery, equating to a maximum difference between means of 14 mm on
the VAS with a standard deviation (SD) of 15 mm’ (page 8, lines 9–11).
Comment 3.
Figure legends:
1. Please check and make sure to use the exact and same P-values in the
legends and in the manuscript text, e.g. if P=0.037, don't write P<0.05 in the
legend.
This also goes for the Tables.
Revision 3.
The figure legends and tables have been corrected accordingly.
Comment 4.
References
Check confirmity with BMC-Anesthesiology requirements again. Especially ref.
number 4+7+9+19+24+25 needs attention.
Revision 4.
The formatting of the references now meets the requirements of BMC
Anesthesiology.