Reviewer's report

Title: Impact of intraoperative fluid administration on outcome in patients undergoing robotic-assisted laparoscopic prostatectomy - a retrospective analysis

Version: 1
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Reviewer: Keith Kowalczyk

Reviewer's report:

Overall, this is a well written study that addresses an interesting and understudied question. However, I do have several concerns.

Major

1. Surgeon experience - the authors used the initial 182 cases from initial series from 2005-2008. As they mention, therefore, this was during the beginning of the surgeons learning curve, and surgeon experience is a well known determinant of outcomes following RALP. Why do the authors not use a later series of subjects to minimize the learning curve effect?

2. Along these lines, the authors mention that this included the cases of multiple surgeons. Again, surgeon experience and inter-surgeon heterogeneity of technique can affect outcomes. Are the authors able to account of each surgeon to see if one had more complications than the others?

3. Fluids and impact on OR time: as the authors mention, the median amount of fluids used is very high. We routinely keep fluids less than 2000mL during a case in order to prevent urine leakage into the operative field. I would be curious to see if total amount of fluid used intraoperative affected operative time at all due to this limitation of exposure.

4. No correlation between blood loss and leak, but what about anastamotic stricture? This should be an endpoint that is looked at. EBL is known to be a risk factor for postoperative anastamotic stricture rate, and I would be curious to see if fluid utilization also has an impact. Do the authors have this information?

Minor

1. Did the older men getting more colloid have higher EBL? This may have lead to higher complications rather than the colloid itself.

Discretionary


2. There is a much longer length of stay than we are used to seeing in the US and other countries. Is this the norm in the authors native countries? Do they stay in the hospital until the catheter is removed?
3. I would recommend not using the term "neo-urethra" as the authors do. The urethra is the native urethra and not reconstructed to become a "neo-urethra", therefore this is an inaccurate term. Simply using "urethra" would suffice.

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

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests