Reviewer's report

Title: Gastric tube insertion under direct vision using the King VisionTM video laryngoscope

Version: 2 Date: 17 June 2014

Reviewer: emre erbabacan

Reviewer's report:

1. Is the question posed by the authors well defined? Yes.
2. Are the methods appropriate and well described? No.
3. Are the data sound? Yes.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes.
5. Are the discussion and conclusions well balanced and adequately supported by the data? No.
6. Are limitations of the work clearly stated? No.
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? No.
8. Do the title and abstract accurately convey what has been found? Yes.
9. Is the writing acceptable? Yes.

Major Compulsory Revisions

1. The first paragraph of the discussion is very similar with the background section. Repetitions should be avoided.
2. In methods, more detailed information should be given on the anesthesia induction and maintenance.
4. Limitations of the study should be addressed.

Minor Essential Revisions

1. In background section Line 2-3 “In patients who are under general anesthesia
or unconscious, insertion of a gastric tube can be difficult owing to the loss of the cough reflex and inability of the patient to assist with swallowing” should be changed to “In unconscious patients or patients under general anesthesia, insertion of a gastric tube can be difficult owing to the patient’s inability in assisting with swallowing. In addition, the loss of cough reflex can cause malpositioning of the tube.”

2. In Methods section, Line 3 “t” should be deleted. It has been probably miswritten.

3. In Methods section Line 10-13 “Patients with the following complications considered to be contraindications for gastric tube insertion or video laryngoscopy were excluded: coagulopathy, esophageal varix, loose teeth, trismus, esophageal hiatus hernia, and base of skull fracture.” should be written as exclusion criteria, not as complications or contraindications. (Eq. “Patients with a history of coagulopathy, esophageal varix, loose teeth, trismus, esophageal hiatus hernia, or basilar skull fracture were excluded from the study.”)

4. In methods Line 15 “The King Vision video laryngoscope was inserted intra-orally. A standard blade was used” was written. A more detailed description should be given about the blade sizes and the type of the blade (channeled or un-channeled).

5. “If the time required for insertion was 5 minutes or more, the insertion was considered as having failed. If blind insertion was unsuccessful, an attempt at insertion was made with the King Vision video laryngoscope.” should be changed to “If the time required for insertion was 5 minutes or more, it was considered to be a failed attempt. If the blind insertion technique was the technique failed, a second attempt at insertion was made with the King Vision video laryngoscope.”

6. In conclusion line 2 “When inserting a gastric tube, a King Vision video laryngoscope is a useful means of avoiding tracheal malpositioning of the gastric tube, without increasing the time required to insert the tube or the incidence of complications.” Should be changed as “When inserting a gastric tube, a King Vision video laryngoscope is useful in means of avoiding tracheal malpositioning of the gastric tube, without increasing the time required to insert the tube or the incidence of complications

Discretionary Revisions

1. In background section, a brief description of Kings Vision could be given. It is still not a very common device as some other videolaryngoscopes are.

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

Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests.