Reviewer's report

Title: The effect of anaesthetist grade and frequency of insertion on epidural failure: a service evaluation in a United Kingdom teaching hospital.

Version: 1 Date: 13 August 2014

Reviewer: Graeme Mcleod

Reviewer's report:

1. Is the question posed by the authors well defined?
   Yes
2. Are the methods appropriate and well described?
   Summary of practice
   Difficult to conduct RCT on this question
3. Are the data sound?
   Clinical practice data
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Not an RCT
5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Yes
6. Are limitations of the work clearly stated?
   Yes
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
8. Do the title and abstract accurately convey what has been found?
   Yes
9. Is the writing acceptable?
   Yes

Major revision

The authors should perhaps broaden the picture and acknowledge that this may be not simply a technical issue. The predictors of postop pain are psychological - depression, anxiety, catastrophizing and preop pain. Pain is inversely correlated with age.

Ideally a regression model would identify markers but my own modeling of routinely collected data identified only 60% of the variability. The other 40% is unaccounted for and the authors make a contribution to that. However, without
genetics analysis and psychological profiling of patients we are unable to quantify the effect of clinical experience.

Discretionary revisions

Despite 20 odd years of thoracic epidural analgesia practice, we are still seeing problems.

The efficacy and side effect profiles are not dissimilar to my own data and that in itself externally validates the data.

This paper confirms something that is suspected but has not hitherto been measured – that those of us who practice and teach thoracic block and who have extensive experience are better at it than others.

Even when we don’t put in a thoracic epidural for a few weeks we still do it better!

This paper is timely because, what I am seeing is young consultants struggling with this technique. I have been asked 4 times in the last 5 weeks to place a thoracic epidural block by young consultants who couldn’t manage.

This paper raises questions:

What makes our efficacy better? – do we know what sort of experience the groups have had in their lifetime

I would bet there was a difference between consultants

Does seeing the patient postop and the next day make a difference? I reckon yes because it provides feedback and consciously or unconsciously alters approach and practice.

How should we be training this and other blocks?

There is a bit of an argument about thoracic epidural analgesia going on and there are different camps.

Our upper GI surgeons demand it because it provides excellent pain relief but get rather irate at some anaesthetists when a technical failure occurs

The Australians are going against epidural analgesia and promoting wound catheters and TAP blocks (that are only any use if placed near the quadratus lumborum and block the nerve root)

This latter approach has been adopted by many ERAS promoters, but at the expense of increased pain.

There is a pressing need to recognize the flaws in epidural analgesia and look more closely at why some patients in the absence of technical failure get good pain relief and others get poor pain relief.

Overall this paper makes a good contribution to the literature, is timely and like many reports of clinical practice raises more questions than answers

**Level of interest:** An article of importance in its field

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

**Declaration of competing interests:**

No competing interests