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: 2  Date: 20 November 2014

Reviewer: Graeme Mcleod

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This is not an RCT but an appraisal of practice.
It is often necessary to stop, appraise and look at the broader picture than plough on performing meaningless small RCTs.
There are some who who would be reluctant to a accept a non RCT, but in this instance I would be keen for publication because it poses questions and reminds us that without any direct imaging, technical problems are bound to happen.

What I would like the authors to consider is how to sell the idea that:
A small no of patients have immediate technical failure
Most technical failure occurs during the block
With those without technical failure there is a range of patient experience, i.e. technical success is not a single experience but a range of experiences, and that the underlying mechanisms are not known.
For example some patients sail through and require little intervention, they are pain free post op
Others are in pain post op and require many rescue interventions.
However, it may not be the technical procedure that is at fault (highly unlikely if performed by experienced individuals) but the nature of the patient and the way they as individuals respond to interventions. I have attached my recent BJA editorial for guidance in order to explain my rationale.

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:
I declare I have no competing interests