Reviewer's report

Title: An internist's role in perioperative medicine: a survey of surgeons' opinions.

Version: 1 Date: 1 August 2007

Reviewer: Eldo Frezza

Reviewer's report:

General
Thank you for the opportunity to review this paper. I think this paper describes the relationship between the internist and the surgeon, particularly in cases where the internist is called to evaluate the surgical patient for the possibility of going under general anesthesia. My comments about the paper follow.

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Major Compulsory Revisions

In the methods section, I think a table showing the survey is needed because it can be quite confusing and it would be easier to review the paper if a table with a survey is attached. At the end of the methods section, they did not specify if this paper was evaluated with statistical methods or not and which statistical methods they used.

In the results section, we agree that a 59% response rate is not a good response. It has never been clear from the initial part of the paper that this was a survey sent to a different type of surgeon. I think different surgeons have different ideas on what they need from an internist or from their “medical clearance”. Therefore, having different categories of surgeons does not make the paper stronger and actually makes it a little weaker. For instance, an OBGYN is not considered in the realm of surgery, even if they are doing surgery, because they usually do not belong to a general surgery residency program but their own OBGYN program. Eight of the surgeons did not specify their area of interest which also makes the paper weaker because we do not know their background. How surgeons see medical clearance is very different between general surgeons and orthopedic surgeons, for instance, because most orthopedic surgeons request medical clearance or medical evaluation of diseases of the patient while general surgeons tend not to request as many medical clearances. Thoracic and vascular surgeons usually have patients who already have advanced diseases because most people who undergo vascular surgery may already be diabetics, etc. Therefore, I expect vascular surgeons call for a consult on patients who are diabetics every time. Neurosurgeons are so specialized that they ask for medical consultation with a real “question in mind”. General surgeons usually request a generalized evaluation of the patient before placing the patient under anesthesia, particularly now since the population is getting older with patients who live well and sound after 70 years of age.
There is controversy between the text and the abstract on who is going to discuss about the risk of surgery, the surgeon or the internist.

In the text, we did not find a cited figure which is part of the paper. The figure has no number. In the text, every time a table is cited in parenthesis, you do not need to write “see table 1, 2, 3, etc” instead write “table 1” etc. I think that a different niche needs to be found to make the paper stronger.

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Minor Essential Revisions

The paper is written well. The background and objectives are clear but the author needs to specify the objectives better as far as what is needed for better relations, not just based on surgical comments.

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Discretionary Revisions (which the author can choose to ignore)

Final Thoughts

I prize the authors for their effort in writing this paper. I think this type of paper is highly needed in both the surgical community and the medical community. I think the authors need more data and more data needs to be discussed and evaluated to make the paper stronger.

The paper needs to evaluate different types of surgery and surgeons otherwise, it could be a bias made by the source of the consultation, who is the surgeon. The fact that different surgeons have different ideas of what internal medicine is supposed to do is to be considered and discussed further. The fact that eight surgeons did not have specification of what area they belong to in the surgical realm is an important point that needs to be discussed. It would also be interesting to see if the surgeons are biased in a certain type of age range or certain types of procedures or anesthesia. It would also be interesting to see if a different type of surgeon asks for medical consultation more than other types of surgeons (I think an orthopedist usually asks for medical clearance more than other surgeons). I encourage the authors to try to go further on this project to make this paper exceptional.

I would be glad to review the paper again after some additions and revisions are made.

Yours sincerely,

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What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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 that I have no competing interests.