Author's response to reviews

Title: Nasogastric tube insertion in anesthetized and intubated patients: a new and reliable method

Authors:

Yung-Fong Tsai (l12084@adm.cgmh.org.tw)
Chiao-Fen Luo (fulzp@adm.cgmh.org.tw)
Amina Illias (m8046@adm.cgmh.org.tw)
Chih-Chung Lin (chihchung@adm.cgmh.org.tw)
Huang-Ping Yu (joanyen0103@yahoo.com.tw)

Version: 2 Date: 29 June 2012

Author's response to reviews: see over
June 29, 2012

RE: Ms. No. 8284421267104214 entitled, “Nasogastric tube insertion in anesthetized and intubated patients: a new and reliable method”

Dear Editor in Chief:

Thank you very much for your e-mail dated June 20, 2012 in which you kindly informed us that our manuscript was reviewed. Thank you also for sending me the comments of the reviewers and editorial requirements. The comments/suggestions of the reviewers and editorial requirements were very valuable and we have made extensive changes in the manuscript taking into account those comments/suggestions. I am therefore taking the liberty of listing the comments of the reviewers and editorial requirements, our response to them as well as listing the changes that have been made in the accompanying pages. The changes in the revised manuscript are highlighted.

We sincerely hope that changes made in the revised manuscript meet with your approval and the approval of the reviewers and that our manuscript is now acceptable for publication in your esteemed journal. If there are further questions, please do not hesitate to contact me.

Sincerely yours,

Dr. Huang-Ping Yu
Department of Anesthesiology
Chang Gung Memorial Hospital
5 Fu-Shin Street, Kwei-Shan
Tao-Yuan, Taiwan 333
Phone 886-3-3281200 ext.2324
Fax 886-3-3281200 ext.2787
E-mail: yuhp2001@adm.cgmh.org.tw
RESPONSE TO REVIEWERS

BMC Gastroenterology

Ms. No. 8284421267104214

The authors wish to thank the reviewers for their helpful comments and suggestions. The manuscript has been substantially improved as the result of the reviewer’s efforts.

Response to Reviewer 1:

Minor Essential Revisions:

1. Title - Review the title - Rephrase the title to make it more appealing to the reader.

   R1:
   We thank the reviewer for the kind comments. We have rephrased the title as “Nasogastric tube insertion in anesthetized and intubated patients: a new and reliable method”.

2. Neutral position - elaborate - eg: intubating position

   R2:
   It has been replaced with “intubating position”.

3. Background - 3rd para 2nd line - Spelling correction (polyurethane)

   R3:
   “Polyurethanea” has been corrected to “polyurethane”.

4. Methods - Interventions - remove Fr. from tube - changed to just internal diameter.

   R4:
   “Fr.” was removed and changed to just internal diameter.

5. Methods - Interventions - 2nd para -1st line - change ‘to’ to ‘for’

   R5:
“To” was changed to “for”.

6. Discussion - 7th para - "Esophageal rupture.... " - did not make any sense.
R6: The 7th para was deleted.

Discretionary Revisions:
1. Methods - participants - exclusion criteria - why CL 3/4 and MP 3/4 were excluded?
R1: We thank the reviewer for the kind comments. If patients meet the criteria for “difficult intubation” (CL 3/4 or MP 3/4), most of attending anesthesiologists in our hospital often change the procedure and route of endo-tracheal intubation (i.e. from oral to nasal route with fiberoptic scope guidance). In these cases, we cannot choose the better nostril as protocol and the nasal endo-tracheal intubation may cause obvious nasal bleeding. This situation may result in some bias in our study. In view of this, participants with CL 3/4 and MP 3/4 were excluded in the present study.

2. Methods - Interventions - 2nd para - 2nd sentence - rephrase
R2: Thanks. We have rephrased it.

3. Results - Outcome - 3rd para - timing could be limited to one decimal
R3: The timing representations were rephrased to be limited to one decimal.

4. Discussion - reconsider the word ‘tender’
R4: Thanks. We changed the word “tender” to “pliable”.

5. could consider to emphasize the use in patients with limited mouth opening or other difficult airways.
R5: We appreciate this comment and agree with the reviewer that we could consider to emphasize the use in patients with limited mouth opening or other
Some reliable methods need to open patient’s mouth including a slit endotracheal tube, a laryngoscope with a Magil forcep, a GlideScope for placement, and gloved finger to navigate the NGT. In contrast, our method does not require oral manipulations. Our technique might have potential role on patients with limited mouth opening or other difficult airways. Due to the fact that our method was not performed on patients with difficult airways in the present study, it remained to be determined whether our method had beneficial effects on those patients. We have added additional information in the Discussion section.

6. Reduce the number of references.

R6:
We have reduced the number of references as suggestion.

Quality of written English: Needs some language corrections before being published

R:
We also thank the reviewer for the kind suggestion. In views of this, the manuscript is edited by the qualified native English speaking editors at American Journal Experts. In addition, the grammar is also corrected by a native American speaker, Mr. Greg McCann, who is the Lecturer at Chang Gung University.

Response to Reviewer 2:

1. Introduction: please shorten. Move the description of all techniques about NGT to the discussion section. Please delete the last sentence of the first paragraph.

R1:
We thank the reviewer for these kind comments. The Introduction section was shortened and the description of techniques was moved to discussion section. We also deleted the last sentence of the first paragraph as suggestion.

2. Results: Combining Fig 1 and Fig 2 to be one fig. Fig 2 can be inserted into Fig 1.

R2:
Many thanks. Fig 2 has been inserted into Fig1.
Response to Reviewer 3:

Are the methods appropriate and well described?
But there are some concerns the authors should further address.
(Major Compulsory Revisions)

1. Why choose neutral position? The angle between nasopharyngeal axis and pharyngeal axis is greater when the patient’s head is in neutral position than in sniffing position.
R1:
We thank the reviewer for these kind comments. We chose neutral position and adopted the protocol of control group based on recently published studies. In addition, it has been acknowledged that most difficulties in NGT insertions are due to anatomic reasons. We do not really know if the sniffing position could help NGT insertion due to limited literatures available.

2. The stiffness of "Rusch stylet-NG tube apparatus" is greater than NG tube alone. What is the curvature of the stylet when performing NG tube insertion? Is there a manual bending necessary?
R2:
We also appreciate these kind comments. The new stylet was originally made in straight shape. Based on our experiences, the stylet can possess better compliance when it is shaped as a slight curvature. Furthermore, it is easier to navigate the tip of stylet to rotate laterally or posteriorly to the esophageal opening. In view of this, we bent it slightly as shown in Figure 1.

3. How to overcome the anatomic angle from nasopharyngeal axis to pharyngeal axis? What is the maneuver needed when encountering resistance passing the angle during insertion?
R3:
Our stylet is more flexible and thin than typical stylets. The tip of the “Rusch” intubation stylet is hollow with a rubber outer sleeving, so it is seldom blocked by anatomic obstacles. If it is blocked, the most common site is piriform sinus; this can be successfully solved by withdrawing it a little bit, rotating the tip toward lateral or posterior, and then going ahead to bypass it.
Are the discussion and conclusions well balanced and adequately supported by the data? Generally yes. But there are some points the authors should further discuss.

1. Besides nasal mucosal bleeding, what is the incidence of nasopharyngeal mucosa trauma in this trial (Major Compulsory Revisions)?

R1:
We thank the reviewer for the kind comments. In this trial, no nasopharyngeal mucosa trauma was complained of or diagnosed on post-operative visit, even on the follow-up evaluation in outpatient department after discharge.

2. Are there any supplemental data available? Such as patients satisfaction and minor discomforts for example post-operative sore throat and nasal pain? (Discretionary Revisions)

R2:
We also appreciate these kind comments. There were 13 patients who complained of sore throats (6 in control group and 7 in stylet group), but no one suffered from nasal pain. Sore throat is the common complaint after endotracheal intubation and larynscope usage. It may be difficult to distinguish if the sore throat is caused by endo-tracheal intubation or NG insertion. In this regard, we did not add the information in the manuscript.

RESPONSE TO EDITORIAL REQUIREMENTS

Figure titles: All figures must have a figure title listed after the references in the manuscript file. The figure file should not include the title or number (e.g. Figure 1... etc.). The figures are numbered automatically in the order in which they are uploaded. For more information, see the instructions for authors: http://www.biomedcentral.com/info/ifora/figures.
May thanks. According to the requirements, all figures have a figure title listed after the references in the manuscript file. In addition, the figure files do not include the title or number and the figures are numbered automatically in the order in which they are uploaded.

- Figure cropping: It is important for the final layout of the manuscript that the figures are cropped as closely as possible to minimise white space around the image. For more information, see the instructions for authors: http://www.biomedcentral.com/info/ifora/figures.

Many thanks. The figures are cropped as closely as possible to minimise white space around image.