Author's response to reviews

Title: Temporary Clamping of Drain Combined with Tranexamic Acid Reduce Blood Loss after Total Knee Arthroplasty : A Prospective Randomized Controlled Trial

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Author's response to reviews: see over
Dear Editors of BMC Musculoskeletal disorders

Thank you for providing the reviewers’ critique and comments on our manuscript entitled “Temporary Clamping of Drain Combined with Tranexamic acid Reduce Blood Loss after Total Knee Arthroplasty: A Prospective Randomized Controlled Trial”. I have reviewed the comments and addressed our responses as below. As a result, we have revised our manuscript and hope that the reviewers and you will now find it acceptable for publication.

Thank you and Regards,

Assoc. Prof. Keerati Chareancholvanich, MD.
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Reviewer: Sattaya Rojanasthien

Item 1: Criteria for blood transfusion

Authors’ response: Thank you to the reviewer for raising this point. The patients received a transfusion of one unit of packed red cells, if their hemoglobin levels decreased to <10 g/dL or if the compromised clinical criteria (e.g., tachycardia, hypotension, or symptoms of anemia that were relative to the preoperative medical condition of the patient) necessitated transfusion. (Page 7, line 554-560).

Item 2: Relative risk

Authors’ response: Thank you for your excellent recommendation. We agree with you and already calculate the relative risk for predicting the transfusion requirement (Page 8, line 748-750).
Reviewer: Matthijs Krijnen

Page 1: Background in the abstract

Authors’ response: Thank you for your comment. We already rewrite it following your comment (page 1, line 11-13).

Page 2: Results in the abstract

Authors’ response: We agree with your recommendation and already rewrite it. However, we think that no differences of some results may be important to point out (page 1-2, line 23-63).

Page 9-10: Methods

Authors’ response: We are so sorry for our faults, which make it difficult to understand. Please let us correct these paragraphs including in/exclusion criteria (Page 5, line 484-488), randomization technique (Page 5, line 489-493), blinding (Page 5, line 493-496) and tranexamic acid regimen (Page 6, line 533-539).

Page 11: Indication for transfusion

Author’s response: Thank you to the reviewer for raising this point. It is our mistake to skip this point during manuscript preparation. The patients received a transfusion of one unit of packed red cells, if their hemoglobin levels decreased to <10 g/dL or if the compromised clinical criteria (e.g., tachycardia, hypotension, or symptoms of anemia that were relative to the preoperative medical condition of the patient) necessitated transfusion. This regimen was used commonly in our clinical practice. (Page 7, line 554-560).

Page 12: The use of tourniquet

Author’s response: The agreements of some studies may be similar to your opinion. Nevertheless, the recent meta-analysis of Alcelik et al. (J Arthroplasty 2012;27(3):331-40) revealed that the total and intraoperative blood losses were less when using a tourniquet although
minor complications were more common in the tourniquet group. Using a tourniquet may be beneficial, but long-term studies of outcome are needed. Therefore, we still use the tourniquet in our clinical practice.

For using the catheters, we routinely remove the Foley catheter on the first postoperative day and remove intra-articular vacuum drain at 48 hours after operation (Page 6-7, line 540-553). About the assessment of patients’ satisfaction, we don’t measure this aspect because we only focus on the efficacy of our protocol in reducing blood loss. We discuss this point in the limitation of our study (Page 12, line 1281-1282).

Page 13: Results

Author’s response: Sorry for our mistake. We need to present ‘The preoperative data included age, gender and preoperative hemoglobin were comparable among the four groups’ (Page 8, line 731-733).

Page 17: Discussion

Authors’ response: Thank you for correcting the wrong word (blandage to bandage) and your excellent recommendations in discussion process. Please reconsider our rewritten discussion (Page 9-12, line 870-1287).

Page 13: Statistical analysis

Authors’ response: Thank you for raising this point. We use ANOVA, Chi-square test and logistic regression analysis in this study (Page 7, line 565-572).