Author's response to reviews

Title: Subjective outcome related to donor site morbidity after sural nerve graft harvesting: a survey in 41 patients

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Version: 3 Date: 12 March 2013

Author's response to reviews: see over
Dear Editor,

Concerning manuscript 1247434858844232 – Sequele following the use of the sural nerve for reconstructive surgery with nerve graft.

Hereby we submit our revised version of our manuscript based on the valuable comments by the reviewers and your suggestion to modify the title. We do apologize for a late reply, but the last months have been filled with heavy clinical work. We would like to respond to the reviewers’ comments as follows (authors’ response in bold and changes made in the manuscript also in bold):

Editor's comment:

"In addition, I would request the authors to modify the title to describe the study design more appropriately, e.g. as such:

"Subjective outcomes related to donor site morbidity after sural nerve graft harvesting: a survey in 41 patients." (or similar)"

Authors’ response:

We have modified the title as suggested by you.

Reviewer: Jörg Bahm

Reviewer's report:

well written, no revision needed

Author’s response:

We thank the reviewer for that statement.

Reviewer: Oren Lapid

The authors used a questionnaire that had been modified from a questionnaire used in previous studies by their group, it is not clear if this is a validated questionnaire.

Authors’ response:

The questionnaire has not been “scientifically validated”, but the advantage is that it has been used to evaluate residual problems in healthy subjects and patients with
diabetes after a sural nerve biopsy. Thereby, such data can be compared with the present one.

MINOR REVISION: The question is well defined; it would however be more precise to add the fact that the subjective outcome was being assessed.

Authors´ response:

We´ve added the expression “subjective outcome” both in the title and in aims.

2.1 MINOR REVISION: The method section seems to be at the wrong place in the paper appearing after the conclusions. The “questionnaire” section repeats some of the data that appears in the method section this should be corrected. There is discrepancy regarding the ethics commission. On page 10 lines 1-2 it is stated that the study had no factual permission number, however such a number is given on page 11.

Authors´ response:

The position of Methods has been changed (we misinterpreted the information where the Method sections should be placed). The reason why “Questionnaire” may have some repeated information is that we clearly wanted to describe how the scores were calculated in Methods (Section not changed). The permission number from the ethics committee is now included (we agree it´s confusing – number was provided by the committee, but any actual official permission for a study like the present one is not needed in Sweden).

2.2 MAJOR REVISION An issue that is not clear in the questionnaire as well as in the result section is the interpretation of the results in patients that underwent unilateral compared to bilateral procedures.

Authors´ response:

Only three patients had bilateral harvest of the sural nerve. Therefore, we could not statistically compare these patients with the ones where unilateral procedures were done. A comment of this is added in Discussion. Furthermore, we had no intention to evaluate in the questionnaire whether the patient had bi- or unilateral procedures done. We anticipated that the patients responded with the symptoms as related to their worse side; thus, the most relevant subjective outcome in the patient. This is also commented on in Discussion (as a limitation).

2.3 MINOR REVISION The questionnaire should be added as an appendix to the paper. (Was that the intention putting it after the conclusion section)

Authors´ response:

The questionnaire has been added as an appendix to the paper.
3.1 MINOR REVISON The data is presented seems to be sound based on the form although the presentation could be made clearer

Authors´ response:

The manuscript has been corrected for clarity.

3.2 MINOR REVISON Table 1 should be made shorter; the injuries of the patients as well as the nerve reconstructed are not relevant to the clinical question.

Authors´ response:

This is changed with respect to causes of injuries and the injured nerves have been clustered into upper and lower extremity as well as brachial plexus (information relevant for the residual symptoms related to outcome of the reconstructed nerve).

3.3 MINOR REVISON In 32% of the cases the surgical notes missed information regarding the incisions used for the harvest of the nerves, this should have been asked in the patient questionnaire.

Authors´response:

We agree that such information should have been of value. However, this question was not asked and thus we do not have the information.

3.4 MAJOR REVISION The side harvested (unilateral or bilateral) is not mentioned in the result section, this distracts from the quality of the data, because in the case of a unilateral harvest the contralateral limb (if not injured) can serve as a control, if available this should me mentioned.

Authors’ response:

See 2.2 above. Only three patients had a bilateral procedure. A comment about this is included.

3.5 MINOR REVISON On page 4 row 17 it is stated that 37% of the patients did not have discomfort following surgery, this should be changed to 63% of the patients had discomfort.

Authors´ response:

This has been changed as suggested.

3.6 MINOR REVISON On page 4 last row I am missing 2 patients 18+21#41.

Authors´ response:

Correct, but no response from two patients (see Table 2). Clarified in text.
3.7 MINOR REVISION Page 5 first two rows it is stated that none of the patients required painkillers following surgery. This sounds improbable – was it checked in the patient charts?

Authors´ response:

All strong analgesics require doctors´ prescription in Sweden and no patient had any analgesics. However, analgesics, such as paracetamol, can be bought without prescription. Thus, we cannot completely rule out that the patients used paracetamol following the operation or presently. No prescriptions were presently provided to any patients at the moment.

3.8 MINOR REVISION Figure 1 is an important contribution of this paper, is it possible to add a legend such as on a topographic map.

Authors´ response:
Figure legend is changed.

4.1 MINOR REVISION The structure of the paper should be standardized, methods after introduction and before results. The methods heading is missing in the abstract

Authors´ response:
Corrected.

5.1 MINOR REVISION The discussion could be improved by including more references to other studies describing the objective measured as well as subjective – perceived outcome of sural nerve harvesting and the possible explanation for improvement. A few examples are:

Morbidity following sural nerve harvesting: a prospective study.


Evaluation of the sensory deficit after sural nerve harvesting in pediatric patients.


We thank the reviewer for these valuable references. They have all been included in the Introduction and Discussion at several locations.

A further issue is the concentration on the outcome of the reconstruction, I cannot think of an explanation why a failed reconstruction would change the morbidity of the donor site, I agree it could influence the perceived risk / cost – benefit ratio.

The analysis was included to assess the perceived risk versus the benefit. One may argue that a patient with a poor result after the nerve reconstruction procedure may experience that their symptoms from the leg were more prominent than other patients, where the functional outcome from the reconstructed nerve(s) was good or excellent. One cannot exclude psychological mechanisms in this context. Comment added in Discussion.

6.1 MAJOR REVISION The authors did refer to most of limitations but the issue of the difference between unilateral and bilateral nerve harvest should be referred to in the discussion even if the data is not available

7.1 MINOR REVISION The authors should consider citing more of the previous studies and discuss them.

We have adopted the title suggested by the Editor.

The abstract misses the methods heading 9.
Added in abstract.

9.1 MINOR REVISION The manuscript should be checked again for syntax and grammar as well as use of the English language

Examples: Table 1 use of the term powerful to describe problems 9question 11) “patients were positive to another nerve graft procedure” “since their job included heavy lifting and the ability to use both their arm”

Authors’ response:

Concerning the statement in question 11: a teacher, with English as her native language, translated the questionnaire from Swedish before the previous articles were published. The other flaws have been corrected.

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

Authors’ response:

Checked again.

We do hope that the changes made are sufficient and that our manuscript now is suitable for publication. Looking forward to hearing from you.

Sincerely Yours

Lars B. Dahlin