Reviewer's report

Title: Sequelae following the use of the sural nerve for reconstructive surgery with nerve graft

Version: 2 Date: 13 January 2013

Reviewer: Oren Lapid

Reviewer's report:

Review paper:
Sequelae following the use of the sural nerve for reconstructive surgery with nerve graft
Alexander Hallgren, Anders Björkman, Anette Chemnitz and Lars B. Dahlin

The authors describe the result of a retrospective survey administered [by post?] to 46 patients that underwent sural nerve harvest for use in nerve reconstruction. The response rate was high at 89%.
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.
The results and the conclusion of the study show that the sequela of sural nerve harvesting are well accepted by patients, who in fact would be willing to undergo the procedure again if necessary for a reconstruction procedure.
This paper adds to the already available body of evidence about the local sequela of sural nerve harvesting.
The paper however needs more attention before it can be accepted for publication

As a reviewer I was asked to answer the following questions:
1. Is the question posed by the authors well defined?
   MINOR REVISION: The question is well defined; it would however be more precise to add the fact that the subjective outcome was being assessed.
2. Are the methods appropriate and well described?
   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.
   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.
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)

3. Are the data sound

3.1 MINOR REVISION The data is presented seems to be sound based on the form although the presentation could be made clearer

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

3.3 MINOR REVISION 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.

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.

3.5 MINOR REVISION 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.

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

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?

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.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition

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

5 Are the discussion and conclusions well balanced and adequately supported by the data?

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.

Evidence in support of collateral sprouting after sensory nerve resection.


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.

6. Are limitations of the work clearly stated?
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. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
7.1 MINOR REVISON The authors should consider citing more of the previous studies and discuss them.

8. Do the title and abstract accurately convey what has been found?
8.1 MINOR REVISION The authors may consider shortening the title to “Sequelae following the use of the sural nerve graft for reconstructive surgery” this conveys the same message but is more readable.

The abstract misses the methods heading

9. Is the writing acceptable?
9.1 MINOR REVISON 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”

**Level of interest:** An article whose findings are important to those with closely related research interests

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

**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