Author's response to reviews

Title: Comparison of inpatient vs. outpatient anterior cervical discectomy and fusion: a retrospective case series

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Author's response to reviews: see over
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Iratxe Puebla
Senior Editor
BMC-series journals

Dear Editor:

We are pleased to submit a revision of our manuscript “Comparison of inpatient vs. outpatient anterior cervical disectomy and fusion: a retrospective case series,” to BMC Surgery. The manuscript has been revised based on the reviewer’s suggestions as follows:

1. The editor requested that we note IRB approval in the methods section, which we have done on page 6, paragraph 1, line 1.

2. Reviewer 1 expressed concern regarding the study design, and the inherent selection bias regarding treatment of 17 patients as inpatients during the period when outpatient surgery was performed. This is a significant limitation of the study and is reflective of the retrospective study design. We acknowledge this limitation and the lack of generalizability of our data on page 10, paragraph 2, lines 3-8.

3. Reviewer 1 requested clarification of the purpose of the study within the conclusion of the abstract, by stating that the results demonstrate safety. We have done so, although despite the limitations of the retrospective design our results also did not show a difference in outcomes between the two groups in this series, which we also include in the conclusion of the abstract.

4. Reviewer 1 requested information regarding how many of the 17 patients who were treated as inpatients during the period in which outpatient surgery was planned suffered complications, which we have added on page 7, paragraph 2, line 1.

5. Reviewer 1 requested the range of follow-up which we have provided on page 5, paragraph 2, line 9. Because the overwhelming majority of inpatients left the hospital the following morning, the data available to us regarding duration of hospitalization was insufficiently detailed to analyze meaningfully.

6. Reviewer 1 differed with our outcome measurement scale. Our scale was not based on Odom’s criteria, but has similarities. We did intend for the “fair” outcome to reflect no significant improvement. Nevertheless, no patient fell into this category.
7. Reviewer 1 noted a transposition error in our numbers of inpatients vs. outpatients in the abstract, which we have corrected in the first sentence of the results section of the abstract.

8. Reviewer 1 disagreed with two of our interpretations of his previous publication. We therefore deleted a reference in this regard on page 11, paragraph 2, line 4, and a sentence on page 10, paragraph 1, line 1. We also modified the sentence on page 10, paragraph 1, line 7 regarding uniqueness of the study, as requested by the reviewer.

9. Reviewer 1 requested description of how complications were assessed which we have added on page 5, paragraph 2, line 9.

10. Reviewer 2 requested clarification regarding whether the series represented consecutive patients. This was a consecutive series, which we have clarified in the methods on page 5, paragraph 2, line 1.

11. Reviewer 2 requested information on revision surgery, which we have provided on page 6, paragraph 2, line 12.

12. Reviewer 2 requested information on type of plates used, which we have provided on page 5, paragraph 1, line 6.

13. Reviewer 2 requested information on postoperative x-rays, which we have provided on page 5, paragraph 2, line 7.

14. Reviewer 2 requested information on patients who were planned to be done as outpatients but may have been converted to inpatients unexpectedly, which we have provided on page 6, paragraph 2, line 4.

15. Reviewer 2 noted the postoperative dysphagia rate was quite low. We have no explanation for this, but perhaps it is related to limited sensitivity of the retrospective study design for mild dysphagia. We added this to the discussion on page 9, paragraph 1, line 5.

16. Reviewer 2 requested information regarding whether plating was done in all of our ACDF patients, which it was. This information is included on page 4, paragraph 3, line 4.

17. Reviewer 2 requests information regarding severity of preoperative myelopathy. This information was not collected and is thus unavailable.

18. Reviewer 2 asks whether we had an age cut-off for performing outpatient ACDF. There was no absolute age cut-off, rather a relative consideration of age in the context of other medical comorbidities. We do not know the
appropriate age cut-off for performing outpatient ACDF, which we acknowledge on page 11, paragraph 3, line 2.

19. Reviewer 2 asks regarding other factors in the consideration of inpatient vs. outpatient treatment, including OR time, blood loss, and prior neck surgery. We did not use these factors in the decision making, and no patient was converted from outpatient to inpatient care based on intraoperative findings in this series. Nevertheless, these factors may infrequently be relevant to selection and require further definition, as we acknowledge on page 11, paragraph 3, line 2.

20. Reviewer 3 requested shortening the discussion with respect to the advantages of outpatient surgery, which we have done.

Thank you very much for your consideration of our revised paper for publication. With best regards,

Sincerely yours,

Jonathan A. Friedman, M.D.