Author's response to reviews

Title: Sequential Compression Devices in Postoperative Urologic Patients: An Observational Trial and Survey Study on The Influence of Patient and Hospital Factors on Compliance

Authors:

David F Ritsema (dritse95@hotmail.com)
Jennifer M Watson (jwatson1@email.arizona.edu)
Amanda P Stiteler (stiteler@email.arizona.edu)
Mike M Nguyen (mike.m.nguyen@gmail.com)

Version: 2 Date: 3 April 2013

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

Thank you for the opportunity to revise our article. Below are point by point responses to reviewer critiques. The manuscript has been revised as indicated using bold and underline or bold and strikethrough for additions or deletions respectively.

Sincerely,

Mike M Nguyen, MD, MPH
Associate Professor of Urology
Department of Urology
Keck School of Medicine of USC
Reviewer's report
Title: Sequential Compression Devices in Postoperative Urologic Patients: An Observational Trial and Survey Study on The Influence of Patient and Hospital Factors on Compliance
Version: 1 Date: 17 March 2013
Reviewer: Sima Porten

Reviewer's report:
This is a well written interesting study that identifies important areas of improvement from a systems based perspective regarding compliance of an important postoperative preventative intervention.
No major, minor, or discretionary revisions.

Responses:
(none)

Reviewer's report
Title: Sequential Compression Devices in Postoperative Urologic Patients: An Observational Trial and Survey Study on The Influence of Patient and Hospital Factors on Compliance
Version: 1 Date: 28 March 2013
Reviewer: Adam Reese

Reviewer's report:
The authors present an interesting study investigating SCD compliance in post-operative urology patients. They assess reasons for non-compliance and factors associated with non-compliance. The article warrants publication but I would recommend addressing the following issues.

Major Compulsory Revisions
1. In tables 1&3, why are there confidence intervals reported? The authors are simply reporting percentages. For example, if exactly 79.7% of patients in the study were male, there should not be a confidence interval associated with this number.

   Table 1 shows compliance rates in different subsets of the study population. Compliance was 79.7% among males and 78.5% among females. Because the study population is a sample of the larger general population, the confidence intervals provide an estimate of how much variation occurs in compliance within these subgroups and reflect how reliable of an estimate the mean compliance rate in this sample is for the larger general population.

   Table 3 shows mean reported bother rates for the study’s participants. The confidence interval communicates to the reader how much variation there was in the participant’s responses. A narrow interval shows that most respondents felt the same. The intervals again also reflect how reliable of an estimate that these results from the study sample are for the general larger population.

2. Were patients asked why they were not wearing SCDs at the time of
non-compliance? If so, this would likely encourage them to wear their SCDs and falsely elevated compliance rates for the remainder of their hospital stay. This should be mentioned as a limitation.
Three sentences were added to the discussion of limitations to address this point.

Minor Essential Revisions
1. The introduction is excessively long. I would recommend shortening and moving some of the points to the discussion if necessary.
Several portions of the introduction have been deleted to shorten it. These are indicated in bold and strikethrough.
2. It is not really fair to categorize open, lap/robotic, endoscopic, and pelvic surgeries as mutually exclusive. For example, I'm assuming many lap/robotic surgeries were radical prostatectomies, which also need to be classified as pelvic surgery.
We agree that this is a simplification but was a decision made for communicating the results with brevity. The pelvic surgeries we referred to are female urology pelvic surgeries (prolapse repair, etc.) and not prostatectomies. To clarify this, additional wording in the methods and table 1 was added.

3. Do the questions in table 3 represent the entire survey given to patients? This is not clear. If there were additional questions, they should be presented in the paper as the authors are using a new, non-validated survey.
The survey has been included as an additional figure.

Discretionary Revisions
1. Why is there a 1-10 scale for the 1st set of questions in table 3 and a 1-5 scale for the 2nd set of questions? This makes it difficult to compare responses to the 2 sets of question. For example, a 3 represents fairly strong agreement in the 2nd set of questions, but only minor bother in the first set of questions.
Different scales were chosen given one table referred to bother and the other referred to agreement with statements. We agree that this may be confusing. The rating scales have been bolded in the table to help make this more apparent.

2. It seems that many of the reasons for non-compliance are nursing related. Are the authors able to comments on the perception, use, and bother of SCD machines from a nursing perspective?
We agree that nursing/hospital related factors were influential in compliance. However, this was beyond the scope of this project and we did not assess nursing attitudes with SCDs except in key informant interviews during the creation of the survey.