Reviewer's report

**Title:** Follow-up after surgery with ventilation tube in the tympanic membrane: Implementing guidelines in primary care and hospital. A retrospective study

**Version:** 3  **Date:** 23 October 2012

**Reviewer:** Ellen Mandel

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This study reports the results of adherence to guidelines for post-operative follow-up for children who underwent ventilation tube (VT) insertion during a 14-month period at one hospital in Norway. Guidelines allowed for follow-up to be done by their assigned GP for selected patients. For their data, the investigators invited the 136 children who underwent VT insertion during a specified time period to return for a follow-up questionnaire and for audiologic testing. Only 89 of the eligible 136 patients (65.4%) complied with the invitation.

**Major revisions/clarifications:**

1) P.4 -- Was 6 months post-operatively the first time patients were seen after VT insertion? This is not clear in the text. How long were the tubes expected to remain functional? Were they expected to still be functional at the 6-month visit?

2) P.5 – “GPs received written procedures….how to handle complications..” – what complications were included? Did these instructions include when to return the patient to the specialist?

3) P.6 – Why was an audiologic evaluation done at the invited visit? The data do not appear in this paper.

4) P.9 – If the guidelines depended on hearing status prior to surgery (for those without a syndrome) and only half had an audiologic evaluation before surgery, how could the guidelines' recommendation be determined (or did the children without an audio have a syndrome)?

5) P.8 -- As part of non-compliance with the guidelines, 13 subjects assigned to be followed up by their GP were also seen by the specialist. Patients were to be seen by their GPs at 6 and 18 months, but many tubes may have been non-functional by 18 months (and perhaps at 6 months, depending on tube used) and the child may have had recurrence of disease, necessitating a return to the specialist. The reasons for being seen by the specialist, even when assigned to the GP for follow-up, should be clarified.

**Discretionary improvements:**

6) P.16 – Table 1 – this information could easily be placed in the text rather than appear as a table.

7) P. 20 – Table 5 – this could also be placed in the text (table unnecessary).
Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

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.