Reviewer's report

Title: Operating theatre related syncope: time to improve the medical student curriculum

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Reviewer: Wouter Wieling

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This is an interesting report dealing with operating theatre related syncope. The authors clearly show that the condition is not uncommon and that better instructions about the condition for students are needed.

General comments

For this reviewer, who is not familiar with the UK medical curriculum, the overview about the Curriculum in Nottingham given under the section Subjects and Settings is quite confusing by given a description of the whole Medical Curriculum in just one paragraph. It never became clear to him why such details are needed.

As relevant time points in the curriculum as far as operating theatre related syncope could be considered:

a) the moment that orthostatic blood pressure control, syncope and vasovagal responses are dealt with. In my medical school this is in the second year of the curriculum.

b) the time point students attend surgical interventions

Point a is an excellent opportunity to inform student about the physiology of vasovagal fainting and measures to prevent it.

Other comments:

1) Introduction. Reference 2. The mechanism underlying vasovagal syncope are not well understood. The “escape predation” theory makes an interesting story, but is not taken seriously et all by experts working in the field. As a much better reference here I suggest:


2) Results. You mention that 630 students are contacted. I may have missed something, but how many students are enrolled in the 5 yrs of the Nottingham Curriculum i.e. what is the response rate.

3) Factors contributing to operating theatre related syncope. It would be of
interest to be informed about the numbers with presyncope and bloodphobia/needles associated syncope

4) Educational measures. You mention a few in the Discussion, but you could consider to provide much more specific information in particular about the use of physical counterpressure manoeuvres.


Finally, you do not make a distinction between students suffering from orthostatic vasovagal fainting and students suffering from blood/needle phobia. The latter condition is rare, but in my experience there is at least a frequency of 1% in medical students. These phobia’s can be a real problem for medical students. Deconditioning has been described to be very helpful.


Finally, the webside of the Syncope patient support group (www.stars.org.uk) provides excellent information for students.