Reviewer's report

Title: Evaluation of the utilization of the preanaesthetic clinics in a University Teaching Hospital

Version: 1 Date: 24 February 2006

Reviewer: Jaideep Pandit

Reviewer's report:

General

This is a potentially interesting paper but needs considerable attention to structure and presentation. The authors may also need to re-analyse some of their data to make it more meaningful. There are some concerns with style.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. My main concern is that there is no clear aim to the study or a 'hypothesis'. In the intro, the authors say only that they wished to 'evaluate the situation'. This seems rather vague. It seems that, mainly, the authors wished to compare cancellation rates between those pre-assessed and those patients not pre-assessed. If so, why don't the authors just say it? So, please be clear of the primary purpose of the study in the intro.

2. I am not sure of the journal style, but the paper lacks a summary or abstract.

3. 'anesthesia' is used interchangeably with 'anaesthesia'. Please use one style consistently.

4. many sentences are ungrammatical and the paper will need considerable sub-editing before publication.

5. In the 2nd sentence of intro, the authors list the various ways that patients might be assessed. This is actually misleading. In the UK at least, pre-assessing a patient does not exempt an anaesthetist from visiting the patient on the ward. The purpose of pre-assessment is NOT to offer a particular type of anaesthetic; pre-assessment is designed only to optimise the patient's medical condition prior to surgery. So, this is a major flaw in the philosophy of the paper.

6. the details under 'Hospital Setting' should be moved to the Methods section.

7. Power calculation: this is ill-conceived. Some authors are increasingly obsessed by power calculations (ie, as if presenting one makes a paper look 'scientific'). In this paper, there is absolutely no need for one. This is primarily an observational study; no clear hypothesis has been stated, so there is no need for any power calculation! Furthermore, the way the authors have explained it is confusing. "A percentage of 30% was used..." - 30% of what?? - mortality? drop in blood pressure? cancellation rate? attendance at a preassessment clinic?

8. The authors present their results, divided according to adults and children. If this was an important aspect of the study, it should have been introduced much earlier.

9. The cancellation rates of ~26% seem very high (and 20% after preassessment is high). This
should be highlighted and perhaps more of the Discussion devoted to how this compares with figures published by other studies.
(a) the authors divide cancellations by surgical specialties. Of more interest would be to know if reasons for cancellation differed between those pre-assessed and those not pre-assessed. In this regard, the paper by Rai & Pandit Anaesthesia 2003 Jul;58(7):692-9) would be worth reading and citing.

10. Discussion: I find this section poorly organised. The first 2.5 pages consists of just general statements about the utility of preassessment clinics - these pages have little to do with the study itself.
(a) then, on the 3rd page (para 2) the authors draw various conclusions on why patients were cancelled despite preassessment. However, they do not seem to have measured these factors (eg, communication, management of the operating room, etc). So how do they come to these conclusions?
(b) 3rd page Disc, para 3: what do authors mean by ‘overwhelmingly prove’? In science, nothing is ever ‘proved’ by an experiment - hypotheses can only be disproved. So what do they mean? What in their minds constitutes ‘overwhelming proof’? Similarly, later in same para, what is meant by ‘clearly establish’?
(c) in short, I suggest the authors divide their Discussion into the following sub-sections:
- Main Conclusion
- Limitations of the study
- Comparison with other studies [here, focus on differences between 1st world and developing countries’ differences]
- Implications for clinical practice [either in their local setting or more generally].
- Future studies.
All these sub-headings can be later removed if it is not the journal style, but I hope they will help the authors better-organise their Discussion.

11. Table 1: is ‘did not attend PAC’ the same as ‘was not referred to PAC’? The legend should make clear that the comparison is for cancellation vs no cancellation, not for attendance in PAC.

12. Table 2:
(a) is it worthwhile to divide children vs adults? This is not done in Table 1, and indeed reflects the rather muddled approach of the authors to their data (they need to decide if they want to divide these groups or not - if so, please be consistent).
(b) as stated before, dividing reasons between attenders and non-attenders would be more informative
(c) I find it troubling that ‘misc’ causes - eg, linen availability, equipment - is so high. Is this a phenomenon of the developing world? If so, it is worthy of discussion.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Figures: I did not see a full figure legend for each figure. Does the % on the y-axis refer to % of the total patients in this study, or to % of the patients in that specialty?

What next?: Reject because scientifically unsound
Level of interest: An article of limited interest

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

Statistical review: No

Declaration of competing interests:
'I declare that I have no competing interests'