Reviewer’s report

Title: First experience with a new negative Pressure Incision Management System on surgical Incisions after cardiac surgery in high risk patients

Version: 1 Date: 18 October 2011

Reviewer: Broadus Z Atkins

Reviewer’s report:

Thank you for the opportunity to review the manuscript entitled, "First experience with a new negative Pressure Incision Management System on surgical Incisions after cardiac surgery in high risk patients" by Colli. This work reports on the use of the Prevena Incision Management System in the context of high risk sternal wounds after cardiac surgery. This System was recently introduced by KCI after several reports, including 2 of our own, reported favorable results with "homemade" versions of negative pressure therapy when applied to clean, closed incisions. The series presented by Colli is relatively straightforward and demonstrates the potential utility of Prevena in high-risk incisions. The author does a good job in not overstating the results of the series. That being said, no direct comparisons have been made between wounds treated with Prevena and those treated with standard surgical dressings.

Major Compulsory Revisions: none

Minor Essential Revisions: none

Discretionary Revisions: I would suggest changing the title to include the term "Prevena." Alternatively, the phrase "..Pressure Incision Management System..." could be placed in the lower case rather than upper case.

In the Background section of the abstract, 2nd sentence, I would suggest including the qualifier that negative pressure therapy has been proposed a modality which may POSSIBLY prevent wound complications.

Does the author have any plans for a direct comparison between the Prevena system and standard surgical dressings (controls)?

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I have been on the KCI Speaker’s Bureau in the past 2 years, receiving a total of approximately $2,000 per year for talks delivered in discussion of wound care.