Author's response to reviews

Title: Effects of propofol versus thiopental on Apgar scores in newborns and peri-operative outcomes of women undergoing emergency cesarean section: a randomized clinical trial

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

Re: Manuscript reference No. MS:9142438631409209

Please find attached a revised version of our manuscript “Effects of propofol versus thiopental on Apgar scores in newborns and peri-operative outcomes of women undergoing emergency cesarean section: a randomized clinical trial”

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. Below this letter are our point-by-point responses to each of the comments of the reviewers. Revisions in the text are shown using red highlight for clarification. Furthermore, we have copy edited the manuscript as per your suggestion. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in your journal.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

Dr Janat Tumukunde
Dear Professor Ngan Kee,
Thank you for your critical analysis of our manuscript. We have revised the manuscript and corrected the errors you mentioned. Our responses to your concerns and clarifications follow below. The locations of the corrections are indicated.

Major compulsory revisions
1. This was a non-inferiority study. Since the introduction of the relatively more expensive propofol into our healthcare system, there has been uncertainty among anesthesia providers over whether propofol was inferior to thiopental as an induction agent in pregnant mothers. We examined the veracity of this concern, and if confirmed, how best to use the two drugs.
2. Our power analysis indicated that to detect a true difference of 20% in poor Apgar scores in favor of thiopental or propofol treatment, 150 patients were required to be 90% certain that the upper limit of a one-sided 95% confidence interval (or 90% certain in a two-sided confidence interval) would exclude a difference in favor of the standard (thiopental) group greater than 20% (lines 103–106).
3. In general, anesthetics are delivered by several different health professionals in Uganda, but the anesthetics in this study were only administered by qualified anesthesiologists and final year residents in anesthesia in a 3-year, post-internship program according to the protocol described in the manuscript (lines 98–99).
4. The conclusion has been edited to summarize only the factors studied and shown in the results (lines 271–277).

Minor revisions
1. The description of the two induction agents has been revised. Concerning placental transfer, the word “also” was added to indicate that thiopental does cross the placenta as well (line 62).
2. The Apgar scores were determined when the umbilical cord was clamped, which was defined as 0 minutes. According to our facility’s protocol, as the baby is delivered, the obstetrician manually obstructs the umbilical cord until pulsation stops and then clamps it. The Apgar score was determined at this moment (lines 134–135).
3. Concerning the faster improvement in the Apgar scores of neonates in the propofol group, our statistical analysis indicated that there was no significant difference between the treatment groups. We have revised the passage accordingly (line 237–240).

Dear Dr Laopaiboon,
Thank you for reviewing our manuscript. We have made the suggested corrections and hope that they are to your satisfaction. An additional table describing the percentage of neonates with an Apgar score < 7 (Table 2) has been included in the revised manuscript.
Sincerely,
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