Reviewer’s report

Title: Leg elevation decreases the incidence of post-spinal hypotension in cesarean section: a randomized controlled trial

Version: 1 Date: 02 Mar 2017

Reviewer: Frederic Mercier

Reviewer's report:

The authors have performed a very meticulous and adequate review of their manuscript, according to the numerous points I had raised and I congratulate them for doing this.

There is only one point that could be still improved: as I mentioned in my first Review of the initial article, the authors used a RL pre-load (10 ml/kg) whereas this is ineffective and clearly no longer recommended. The authors have taken my objection into account by modifying the last paragraph of their Discussion section and acknowledging this study limitation.

However, in the first sentence of this paragraph, they wrote:

"Another limitation was the use of crystalloid preloading protocol although many recent recommendations suggested the use of crystalloid or colloid co-loading regimens [1]."

This is not completely accurate. Indeed, as I mentioned in my first Review "Most experts recommend using a crystalloid co-load or a colloid PRE-load (Ngan Kee, Curr Opin Anaesthesiol 2010 - Mercier, Curr Opin Anaesthesiol 2012 - Mercier Br J Anaesth 2014). In other words, co-loading is recommended (instead of pre-loading) when crystalloids are used. Whereas when considering colloids, BOTH pre-loading and co-loading are effective to reducing the incidence of hypotension (in addition to vasopressor use); in fact, colloid pre-loading might even be slightly more effective than colloid co-loading (Mercier FJ, Anesth Analg 2011).

I would therefore suggest the authors to re-formulate this first sentence by writing instead:

"Another limitation was the use of crystalloid pre-loading protocol although many recent recommendations suggested the use of crystalloid co-loading, colloid pre-loading or colloid co-loading regimens [1]."

I also suggest to further support this statement by adding as reference the Editorial where this is specifically explain into details (Mercier FJ, Anesth Analg 2011) ± another reference quoting the largest RCT (the CAESAR trial) that have examined the use of colloid pre-loading combined with vasopressor prophylaxis (Mercier FJ et al., Br J Anaesth 2014).
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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