Author's response to reviews

Title: Bilateral Thoracic Paravertebral Block for Immediate Postoperative Pain Relief in the PACU: A Prospective, Observational Study

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Author’s response to reviews:

Dear Patrice Forget:

Re: Manuscript ID BANE-D-16-00364, entitled “Bilateral Thoracic Paravertebral Block for Immediate Postoperative Pain Relief in the PACU: A Prospective, Observational Study”

Thank you for offering us this opportunity to amend our manuscript. We have followed your and reviewers’ suggestions to amend our work carefully and also included extra experimental data. All changes that we have made have been highlighted in yellow.

The point to point responses to each reviewer’s comments are as follows.

Tetsuro Sakai (Reviewer 1):

1. ABSTRACT: include the information of local anesthetic agent and dosage of each PVB. Specify the method as "a single shot PVB at bilateral T8-T9 space"

Author reply: We have amended the manuscript accordingly. (page 2, Line 5-8)

2. P4L15 "to severe pain. 2Intravenous" - adjust the reference citation and space

Author reply: We have amended the manuscript accordingly. (page 3, Line 8)


Author reply: We have deleted this. (page , Line)

4. P4L13 "American Society of Anesthesiologists risk score I-II" - physical status
Author reply: We have amended the manuscript accordingly. (page 4, Line 8)

5. P4L21 "359 patients in total were recruited into this study". - state the indication of the BPVBs here. Why did not you offer the BTPVBs prior to the surgery?

Author reply: One more inclusion criteria (with VAS pain score at rest >=5 in the PACU) was added in the article. The aim of this study was to assess the effectiveness and safety of BTPVB as a rescue therapy for the patients who experienced moderate to severe pain in the PACU. Furthermore, it has been reported that thoracic paravertebral block prior to the surgery has been demonstrated to provide excellent intraoperative and postoperative analgesia with less adverse effects in thoracic and abdominal surgery. Therefore, We offered BTPVB as a rescue method in the PACU for patients suffering from moderate to severe pain after the surgery. (page 4, Line 13-14)

6. P5L29 "0.3-0.5μg/kg," - a space. Same goes a lot of numbers with unit

Author reply: We have amended the manuscript accordingly. (page 4, Line 19)

7. P6L55 "Binary logistic regression and multivariate logistic regression models were used to identify risk factors of hypotension after BTPVB." - define hypotension and timing

Author reply: We have amended the manuscript accordingly. (page 6, Line 2-3)

8. P7L31 "The proportion of patients with VAS rest and cough less than 3 was also increased with time after BTPVB, reached 96% and 83% at 60 minutes after BTPVB (Fig 4)." - No need. Delete the sentence and Figure 4. Adjust the citation number of subsequent figures.

Author reply: We have deleted the sentence and Figure 4.

9. P7L1 "With a binary logistic regression model analysis, body weight, operative time, values of SBP, DBP before BTPVB were risk factors for hypotension." - show this information with data in the Table 1. Create hypotensive group and non-hypotensive group in the Table.

Author reply: We have amended the manuscript accordingly. (page 7, Line 14-15)

10. P9L22 "better analgesia outcomes" - compared to what?

Author reply: We have amended the manuscript accordingly. (page 8, Line 8-12)

11. P9L30 "for midline surgery" - what is midline surgery?

Author reply: We have revised this sentence.

Author reply: We have included and discussed the recent RCT comparing epidural and BTPVBS in patients undergoing open liver resection. (page 9, Line 3-10)

13. P9L36 "relief after for laparotomy" - delete after

Author reply: We have revised this sentence.

14. P9L53 "Instead of multiple injections," - in this case, you have to compare single injection versus catheter technique, instead of multiple injections

P10L11 "indicating that multi-injections are not necessary" - same as the above.

Author reply: Thanks very much for your advice. In this study, we tried to prove the single shot of bilateral TPVB could provide good pain relief for patients with moderate and severe pain in the PACU. In regard to catheter technique, we believe it is another good technique for perioperative pain management, we have mentioned this when we discussed the limitation of the study. (page 10, Line 13-14)

15. P10 - need discussion of limitation of the study, especially whey they use BTPVBS only as rescue rather than a preemptive fashion prior to laparotomy surgeries.

Author reply: Thanks very much for your advice, we have discussed the limitation of the study. (page 10, Line 7-18)

16. Figure 1 - to indicate when the consent was taken, describe as "359 patients consented to participate and arrived at PACU after operation"

Author reply: We have amended the figure 1 accordingly.

Manpreet Singh (Reviewer 2): Very nice study. Well done

If improvements to the English language within your manuscript have been requested, you should have your manuscript reviewed by someone who is fluent in English. If you would like professional help in revising this manuscript, you can use any reputable English language editing service. We can recommend our affiliates Nature Research Editing Service (http://bit.ly/NRES_BS) and American Journal Experts (http://bit.ly/AJE_BS) for help with
English usage. Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our English language tutorial (https://www.springer.com/gb/authors-editors/authorandreviewertutorials/writinginenglish) and our Writing resources (http://www.biomedcentral.com/getpublished/writing-resources). These cover common mistakes that occur when writing in English.

Author reply: We have invited two native English speakers to revise this article. Both of them are anesthesiologists from the University of Melbourne (Australian) and Imperial College London (UK) respectively.

Editorial Policies

In accordance with BioMed Central editorial policies and formatting guidelines, all manuscript submissions to BMC Anesthesiology must contain a Declarations section which includes the mandatory sub-sections listed below.

Author reply: We have added a declaration in the article.(page 12,13)

Yours sincerely

Yunxia Zuo
on behalf of all authors