Reviewer’s report

Title: The analgesic efficacy of subcostal transversus abdominis plane block with Mercedes incision

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Reviewer: Hong seuk Yang

Reviewer's report:

Thank you for submitting your research to our journal.

Transversus abdominis plane block is an emerging technique for the management of perioperative pain in abdominal surgeries. Perioperative pain control for major abdominal surgeries are important as there is sufficient evidence that adequately managed pain reduce hospital stay and improve postoperative patient outcomes, eventually reducing medical costs. However, there are concerns about the complications following epidural analgesia and TAP block is taking spotlight for its safety and feasibility in pain control for abdominal surgeries. This is a relatively well designed study about oblique subcostal TAP. But before publishing, there are some issues to be discussed.

Major

1. Methodology of this study: I don't think this is a double blinded trial. The drugs were given blinded to the study participants and the medical team but it is written that the sensory change was checked before operation via pinprick test to confirm successful TAP blockade in the study patients. Definitely the control patients should have realized that they did not receive a block in this circumstances and the intervention group may have realized that they have received the TAP block. So to be precise, this is not a randomized double blinded trial, and rather, it should be described as an observer blinded randomized control trial. The term double blinded should be omitted from the entire article.

2. Furthermore, it is written that the same assessor (QQP) have assessed the sensory change by OSTAP block before anesthetic induction (second page of methods section, line 49 to 59) and QQP also have recorded the hemodynamic parameters after OSTAP block (Methods, intraoperative anaesthetic management before and after OSTAP placement). Then this means that the attending anesthesiologist QQP is not blinded to the mode of perioperative analgesia, which means that this study is not a double blind study, but also it is even not an observer blind study, just a randomized controlled study. This should be confirmed clear, because this makes the result of the primary outcome measure (intraoperative sufentanil consumption) unreliable as the attending anesthesiologist during operation was actually not blinded.
3. Discussion section third page line 48 to 52; the two anaesthesiologists ~ blinded to this investigation. Same as I described above, I don't think that the anesthesiologist performing intraoperative anaesthesia management (maybe QQP) was blinded. This should be clearly elucidated as the result of the primary outcome of this study has less value if it is true that the attending anesthesiologist was not blinded to intervention or placebo.

4. The results describe that the main outcome and several secondary outcome results were superior favoring the TAP block group. However, they are described as median with interquartile range and this makes the readers of this manuscript quite confusing. I recommend redescribing all the table parameters to mean with confidence intervals if possible, rather than the current median with IQ range. Additionally, please describe the p values in real p values rather than p < 0.05 or p > 0.05.

Minor

1. It is said that every patient received PONV prophylaxis. What modality was used for PONV prophylaxis and rescue? 5-HT3 blockers?

2. The English in this article seems well written, but there are some places with both American English and British English styles. Please unify into one style.

Thank you again for the effort and contribution.

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?
If not, please specify which controls are required in your comments to the authors.
Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.
Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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