Author’s response to reviews

Title: Usefulness of Airway Scope for Intubation of Infants with Cleft Lip and Palate Comparison with Macintosh Laryngoscope: A randomized controlled trial

Authors:
Yoko Okumura (nabeko@dpc.agu.ac.jp)
Masahiro Okuda (okudamacbookpro@gmail.com)
Aiji Sato (bokuaiji@dpc.agu.ac.jp)
Naoko Tachi (naomushi@dpc.agu.ac.jp)
Mayumi Hashimoto (mym831209@yahoo.co.jp)
Tomio Yamada (tomyam@dpc.agu.ac.jp)
Masahiro Yamada (ada97may@dpc.agu.ac.jp)

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Author’s response to reviews:

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Guangde Tu, PhD
Editor-in-Chief
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Dear Dr. Guangde,

We wish to express our appreciation to the editors and the reviewers for their insightful comments on this manuscript. The comments have helped us significantly improve this manuscript.

We are pleased to submit the revised version of our manuscript:

“Usefulness of Airway Scope for Intubation of Infants with Cleft Lip and Palate-Comparison with Macintosh Laryngoscope: A randomized controlled trial”
We have revised the manuscript according to the comments from editors and reviewers as follows. In the process of the revision, we removed one of the references written by Mori et al from “References” because of unnecessity. All changes to the manuscript are indicated in the text by highlighting. The manuscript had edited and rewritten by an experienced scientific editor belonging to enago (https://www.enago.jp/) before this submission.

Reply to Dr. Alberto A Uribe (Reviewer 1)

1. As this is the randomized, double clinical trial, it will be better to describe the manuscript according to CONSORT LT checklists, and to mention it in the manuscript.


We have reread CONSORT checklists and reconsider the description of each section, then we revised the manuscript according to the lists based on what you pointed out in the following.

2. Background

Please describe published intubation challenges and proposed solutions for this study population.

We have added the description of proposed solution for this study population using the article written by Ali et al (Minerva Anestesiol 2013;79:1366-70) as a reference in”2. Background”. Accordingly, that article had added in “References”.

3. Methods

1) Please expand the rationale of the power analysis and explain/ cite which previous study they are referring to.

We have added the rationale of the power analysis of G*power 3.1.9.2. with the home page address of “http://www.gpower.hhu.de/” which we cited as a reference in “2.2 Subjects”.

2) Describe a what moment the parents were consented.

We have added the description of the moment when the parents consented to participated in this study in “2.1 Ethics approval and consent to this study”.

3) Define “patient background” Line 13

We have defined “patient background” and summarized it in 2.2 subjects highlighted with blue color according to CONSORT checklists. Therefore, we removed the description from the Line 13 of the previous manuscript.

4) Please specify the randomization method

We have used envelope technique as a randomized method in this study. Unfortunately, we have no center for clinical research, therefore we asked a hospital clerk who was not related to this study to participate in allocation. The description of the procedure was written “2.2 subjects” in detail which are highlighted with green color.

4. Results

1) Define how “correlation” was calculated

We have calculated the “correlation” by using Peason’s correlation coefficient test. We have add the procedure in “2.4 Statistical analysis”.

2) Consider the use of 3-4 tables total, there are few tables that could be jointed (Table 1 and 2, table 3and 4). Table 1: Please move-up demographic variables and then cleft information below.
Accordingly, we have changed Tables as follows. First, we have moved demographic variables in Table 1, then jointed Table 1 and 2 as “Table 1” in the revised file. Also, we have jointed Table 3 and 4 as “Table 3” in the revised file.

3) Fig 1: CONSORT is misspelled as “CONSOLT”, please rectify.

We have rectified the misspelled of “CONSOLT” in Fig 1.

4) Follow-up are described in this table, but no in material and methods, please clarify if follow-ups were performed or not.

We have follow-up all the subjects until postoperative period, therefore added follow-ups in Fig 1. Therefore, we have added the description of Follow-up in “3. Results” according to CONSORT checklists.

5. Conclusion: Line 35: consider replacing the word “is” with “could be”.

We have replaced the word “is” with “could be”.

Reply to Dr. Premal Trivedi (Reviewer 2)

1. Methods/Discussion

Please specify who intubated the patients using the AWS and the ML. Was it the same group of individuals, or were there many anesthesiologists involved? Were those who used the AWS and ML experienced/expert in those techniques? This would be useful to interpret the complication that occurred with use of the ML. Could the difference have simply been due to user error?
We have specified that the same group of four anesthesiologists who were ML expert and AWS experienced in “2.2 Subjects” highlighted with pink color. Accordingly, we have discussed that ML may cause upper airway injury rather than AWS for CLP infants even if the expert of using ML without the range of statistically significant difference. These are described at “4.2 Complications”.

2. 1) Please comment the difference in CL between the AWS and ML groups in the results section (currently not in that section).

We have revised the classification method of the characteristics of the two groups and specified in Table 1. Although, we have not changed the description that significant difference had not detected between the two groups which were written in “3.2 IT” and “3.4 Occurrence of complications”.

2) In table 3, I found it confusing that CL grade was resulted as 1(1;1) for both AWS and ML and yet there was a significant difference. I assume this was a mistake? Same for the quality of visual recognition—both are listed as 0 in table 3, so how is there a difference?

We have revised the numerical description of CL grade and the quality of visual recognition in table 2 after reviewing calculation results.

3. Clarification for table

3: I assume Cl=cleft lip, CLAP=cleft lip and palate. What is CLA?

We have classified Cl=cleft lip, CLA=cleft lip and alveolar, CLAP= cleft lip, alveolar and palate in the previous manuscript. However, almost all patients of CL and CLP patients have alveolar cleft, therefore we have reclassified unilateral CL, bilateral CL, unilateral CLP and bilateral CLP in the revised manuscript. Accordingly, we have revised Table 1.

4. An image could be help in explaining the difficulty in tracheal tube insertion in the section 4.1(3). The written description was hard for me to picture.
We added “Fig 2 Schematic picture of tracheal intubation using AWS” to help explanation of tube insertion using AWS.

Yours sincerely,

Yoko Okumura, D.D.S.

Corresponding author

Department of Anesthesiology, Aichi Gakuin University School of Dentistry

2-11 Suemori-dori, Chikusa-ku, Nagoya 464-8651, Japan

Email: nabeko@dpc.agu.ac.jp

Tel: +81-52-759-2102, Fax; +81-52-759-2102