Reviewer’s report

Title: Nasotracheal Intubation-Extubation-Intubation and Asleep-Awake-Asleep Anesthesia Technique for Deep Brain Stimulation

Version: 0 Date: 18 Nov 2018

Reviewer: Sujoy Banik

Reviewer's report:

I thank the editorial team for lending me this opportunity to be able to review the authors work, and I commend the authors for their superb patient management skills. Overall the patients seem to have been taken care of quite well. The technique of anesthesia described is certainly quite well performed. One thing I always wonder is why did you need to induce the asleep phase after the frame was put on, considering that GA was planned right from the start? The frame can always be put on after the tube is inserted. The dose of remifentanil is quite high during the procedure. Considering that dexmed and propofol were ongoing, I would have anticipated hypotension with these doses; certainly they are within therapeutic range, but overall looks like overkill. Its also significant to note that even though the first two pts refused MAC, they were happy to proceed with this whole super complex approach, which includes an awake phase during the surgery, which corresponds to MAC. Also they were happy to answer questions and recordings etc with something stuck down their nostrils, all looks contradictory. Did they have anterograde amnesia at the end of the procedure? Did they remember their experience, or was it just a subjective experience that was felt by them? Prevention of aspiration by this technique is one of the major advantages here. That needs to be more emphasized.

All abbreviations need to be described clearly the first time they are written in the manuscript (PD, DBS, etc). Kindly do the needful and add abbreviations index as well.

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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Are the conclusions drawn adequately supported by the data shown?
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