Reviewer’s report

Title: Influence of early elective tracheostomy on the incidence of postoperative complications in patients undergoing head and neck surgery

Version: 1 Date: 01 Oct 2018

Reviewer: Sujoy Banik

Reviewer's report:

At the outset I would like to congratulate your efforts and the team for their excellent management of your patients. I also thank the editorial team for the opportunity to review your work.

Reducing ICU and hospital stay is a major part of decision making for complex head and neck surgery patients. In that goal early tracheostomy is a valid tool to reduce ICU stay. The profile of your patients seems to match the usual literature, and it is a good intervention. However, as for the delirium, you mention only 2 pts with tracheostomy developed delirium, whereas your table shows 2 with primary tracheostomy and 2 with secondary tracheostomy who developed delirium. Also, a few pts were repeated, 44 pts had 47 flaps. The tracheostomy pts who had delirium, were 47, 53, 74 and 81 years old. This sample size is too small to comment on any trends that may be present. Also, the older pts are more liable for delirium. This is a point of interest and requires more discussion, as to the possible causes in those pts. As I understand, you have not used pharmacologic agents to treat delirium, but some agents are quite good and perhaps clinically necessary at times to control ICU delirium. My own personal experience is best with risperidone, quetiapine, and dexmedetomidine. Perhaps it may be a strategy worth looking into for this subset of patients. What were the doses of the sedative agents, cumulative and usual rates, that were used to sedate the pts to RASS of -1 to 0? Perhaps that may also answer some points about delirium in these pts. Were they different with nasal intubation?

Perhaps the patients should be analysed in different subsets defined by age, <70 yrs age and > 70 years age. That would also set one component of causation of delirium apart.

All the best for your work!

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.
Are the conclusions drawn adequately supported by the data shown?  
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Yes

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