Reviewer’s report

Title: Postoperative Opioid Requirements of Patients Receiving Sublingual Buprenorphine-Naloxone: A Case Series

Version: 0 Date: 28 Dec 2018

Reviewer: C. Brummett

Reviewer's report:

Martin Bup after surgery

Thank you for your time and effort in conducting this study and preparing this manuscript. This has been a controversial topic for some time. There are little to no high-quality clinical research data to make decisions. The original protocol we wrote at Michigan were initiated based on a few cases that were incredibly challenging to manage, including one we published in the Journal of Opioid Management---any of these cases would be enough to change the results of a case-control or retrospective study—there are many more such case reports in the literature and we have many that were not published, as we were concerned about the bias of case reports. With that said, times have changed from when we first wrote the protocol, and many have misinterpreted the protocol to include patients with opioid use disorder---we do not recommend weaning for those with OUD, unless suggested by their addiction provider.

I believe that the manuscript adds to the literature; however, there are some changes needed.

Overall comments/major critiques:

1. Conclusions- it is really not possible to make a strong conclusion in either direction regarding what to do with buprenorphine before surgery. This a very small, heterogeneous cohort, hence between group comparisons suffer from overwhelming bias. Just reading through the description supports this concern—many different types of surgery and anesthetic management and small n/group—this is why we have not done these analyses in past. Even within the cessation group, there is likely a meaningful difference between those who stop for 1 day and those who stop for more. Moreover, some would likely have been switched to other opioids in lieu of buprenorphine, while some may have been weaned off without replacement. I believe the conclusion to your introduction and the manuscript must note that the cohort was heterogenous and small, hence, recommendations cannot be made based on these data alone. Note, I certainly respect that many do not agree with our current protocol, and we anticipate a modification that would include a shorter cessation period.

2. Buprenorphine continuation- were they continuing it during their post-op care? If so, this should be included in the morphine equivalency.

3. Outcome of interest- you state that the goal was to understand whether regional reduces opioid requirements---this would be expected given the available data---this cohort is underpowered to detect a difference.
4. Determination of buprenorphine cessation—how did you determine this—not likely a set variable, and my sense is that it is not reliably assessed on all patients. Should be better defined in the methods.

5. Should not call it "Suboxone" throughout—I would just make a statement that you will refer to it as buprenorphine throughout—it is the same med whether including naloxone or not, unless it is injected, which is not relevant here.

6. Minor—do not abbreviate "RR"—can spell it out throughout.

Specific comments:
1. Comment about naloxone in the abstract intro can be deleted. Conceptually true but it is really not that big of a factor. You note this appropriately in the intro of the manuscript, but not important enough for abstract.
2. P 9, line 43- "(Box)"? patient name?
3. P10- just include your in press article in the references.

Signed with intent- Chad M. Brummett, M.D.

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.
No

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

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