Reviewer's report

Title: Comparison of Supreme laryngeal mask airway versus endotracheal intubation for airway management during general anesthesia for cesarean section: a randomized controlled trial

Version: 1 Date: 21 Mar 2019

Reviewer: Ron George

Reviewer's report:

Thank you for submitting your manuscript to the BMC Anesthesiology and giving me the opportunity to read and critique your article - Comparison of supreme laryngeal mask airway versus endotracheal intubation for airway management during general anesthesia for cesarean section - I hope you will find these comments useful in revising your manuscript.

1. This is a very well written article, however I feel you should provide readers with a greater reasoning of the equipoise of why this should be done. I sense this is more of a non-inferiority study and should be possible described as such. I cannot imagine thinking that you suspected SLMA could improve first attempt success as the ETT rate is so high.

2. Within the background (page 7 Line 7) you describe the reasoning why LMA use may be safe as the optimization of care that have altered the aspiration rates. To balance this argument you should highlight rising rates of women living with obesity and how ETT still may be the gold standard in many populations.

3. Why is the rate of GA for CS so high. This project is of marginal gain to women having a cesarean delivery and more gain may occur if the rate of GA wasn’t so high at your institution.

4. Is RSI the correct term (page 9 line 1) as you are not intubating the trachea in one cohort?

5. Was there block randomization? With such a large group I was surprised to see an identical number of subjects in each group with no loss of follow-up or withdrawals.
6. The statistical significant difference in ventilation has a very narrow confidence interval. This lack of variation is quite remarkable and signals to me a specific technique issue that is used for SLMA that equates to this repeated difference. This is likely due to your large experience with this device and in this population. This warrants comment and discussion….I cannot think of a specific thing that would make my LMA insertion consistently 23 seconds faster. Please refine your discussion to ensure readers consider the statistical significance but perhaps limited clinical significance (page 16 line 10).

7. Page 15 line 1 - in the results section please clearly define what you refer to as hemodynamic alternations.

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 recommend additional statistical review

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

Acceptable
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