Author’s response to reviews

Title: Preprocedural Ultrasound versus Landmark Techniques for Spinal Anesthesia Performed by Novice Residents in Elderly: A Randomized Controlled Trial

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Author’s response to reviews:

Dear Editor,

Thank you for the chance to resubmit a revised version of our manuscript. Please see the below point-by-point response.

Thank you for the opportunity, and on behalf of all authors.

Best,

Sahar Siddik-Sayyid, MD

1. Overlap

-- We note that the current submission contains some textual overlap with other previously published works, in particular:

(1) Ultrasound visual image-guided vs Doppler auditory-assisted radial artery cannulation in infants and small children by non-expert anaesthesiologists: a randomized prospective study
(2) Ultrasound Imaging Facilitates Spinal Anesthesia in Adults with Difficult Surface Anatomic Landmarks

https://doi.org/10.1097/ALN.0b013e31821a8ad4

This overlap mainly exists in the methods section:

Methods, paragraph 5 (1)

Methods, paragraph 11 (2)

While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work.

Please be informed that we cannot proceed with handling your manuscript before this issue is resolved, and the sections of text in question have been reformulated.

Response: Paragraphs 5 and 11 were modified in the Methods section of the revised manuscript to read:

Paragraph 5: Each resident was randomly allocated procedures in blocks of six. Each block contained randomly two landmark-guided midline techniques, two pre-procedural US-guided paramedian techniques, and two pre-procedural US-guided midline techniques. The resident had to complete two to three blocks.

Paragraph 11: The primary outcome measure was the rate of successful dural puncture on the first needle insertion attempt. An additional attempt was considered with every complete withdrawal of the introducer needle from the skin and subsequent reinsertion. Needle redirection attempt was defined as incomplete withdrawal and change in needle insertion path.

The secondary outcomes included the following: number of needle insertion attempts required for successful dural puncture, number of needle passes (insertion + redirection attempts required for successful dural puncture), time taken to perform the spinal anesthesia (defined as the time from the first insertion of the introducer needle till withdrawal of the spinal needle after intrathecal injection of the anesthetic solution), patient satisfaction (rated immediately after block completion as very good, good, or satisfactory), periprocedural pain score (rated by patients immediately after block completion on a scale from 0-10), success of spinal anesthesia (defined as a sensory block level above T10 within 30 min of administration of the local anesthetic), requirement for verbal assistance by the attending anesthesiologist while the resident is doing the block, and complications such as bloody tap or paresthesia.
2. Trial registration

-- Thank you for providing your trial registration number, however, clinicaltrials.gov notes that your study start date (the date on which the first participant was enrolled) was in November 2015. Please amend your statement to include 'retrospectively registered'.

Response: Our statement was amended after the Abstract section and in the Methods section of the revised manuscript to read: Retrospectively registered at Clinicaltrials.gov, registration number NCT02658058, date of registration: January 18, 2016. The study was retrospectively registered at clinicaltrials.gov (NCT02658058, principal investigator: Sahar Siddik-Sayyid, date of registration: January 18, 2016).

3. Funding

-- In the Funding section, please also describe the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Response: The role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript was described in the revised manuscript to read: This research study was supported by the Department of Anesthesiology, American University of Beirut Medical Center. The funding body contributed with research equipment, but had no role in the design of this study, analyses, interpretation of the data or writing the manuscript.

4. Author Contributions

-- Please include a statement in the Authors' contributions section to the effect that all authors have read and approved the manuscript, and ensure that this is the case.

Response: The following statement was added to the contributions section of the revised manuscript to read: All authors have read and approved the manuscript.

5. Clean manuscript

-- At this stage, we ask that you submit a clean version of your manuscript and do not include track changes or highlighting.

Response: A clean version of the revised manuscript was submitted.