Author’s response to reviews

Title: Adding dexmedetomidine to morphine-based analgesia reduces early postoperative nausea in patients undergoing gynecological laparoscopic surgery: A randomized controlled trial

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Response letter

Editor Comments:

Suggested conclusion (in both the abstract and the discussion): “Our protocol in which dexmedetomidine was administered postoperatively – after a loading dose – to intravenous PCA morphine in patients undergoing gynecological laparoscopic surgery, had only early antiemetic effects, while no clinically meaningful antiemetic effect could be evidenced within 24h after surgery.”

Response: Thank you very much for your careful and thoughtful comments. We followed this suggestion and change to the manuscript was indicated in the text by highlighting. Please see “Abstract section: line 59, page 2 and line 1-5, page 3”, “Conclusion section: line 1-10, page 16”.

Sample size calculation, I suggest writing: “In order to detect a 50% reduction in the incidence of PONV (i.e. from 50 to 25%), which we considered as clinically meaningful, with a 5% type-I error and power of 80%, we estimated that 55 patients in each group were needed.”

Response: Thank you very much for your careful and thoughtful comments. We followed this suggestion and change to the manuscript was indicated in the text by highlighting. Please see “Methods section: line 56-59, page 9 and line 1-5, page 10”.

Reorder your discussion as follows: main results of the current study (with no emphasis), comparison to similar studies ± explaining discrepancies, limitations, implications for the future
(actually, I do not believe that this protocol is worth to develop further), conclusion. For example, your paragraph “In our present study, we chose the incidence of first […] lower than their 116.5 (50)μg dose.” is rather a limitation. However, consider that although the morphine consumption was lower than in the other study, you had a high rate (53%) of 24hr PONV in the control group, quite in accordance to the Apfel’s risk, and to your expectations. This means actually that dexmedetomidine have no direct antiemetic effect.

Response: Thank you very much for your constructive criticism and suggestions. We followed this suggestion and rewrote the discussion section. Changes to the manuscript were indicated in the text by highlighting. Please see “Discussion section: line 5-16, 51-58, page 12 and line 1-17, page 13”