Author’s response to reviews

Title: Retrospective Evaluation of Pain in Patients With Coccydynia Who Underwent Impar Ganglion Block

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Author’s response to reviews:

Dear Editor,

The paper entitled “Retrospective evaluation of pain in patients with coccydynia who underwent impar ganglion block” has been revised according to reviewers’ comments and suggestions. We would like to thank very much to all reviewers for their careful reviews, positive statements and critiques of our studies. We included all the suggestions in the revised manuscript and hope our responses satisfy their concerns. Please find the point-by-point response to their comments below.

Reviewer 1. (The proposed changes are highlighted in the article with a blue emphasis.)

1. Background: Author must be more description about treatment method of procedure DB and RFT.

-The techniques of both procedures are explained in detail in the background and method sections. (Page 4, third paragraph and page 6, third paragraph)

2. What is your study? if the research is clinical trial you must write document number, what is time of study? inclusion and exclusion criteria is absent, a author have to more description method of work and which monitoring used for patient?

-Our study is a retropective study searching for the effectiveness of the Impar ganglion blocks performed in our clinic. Because it is retrospective it was not registered on clinical trials. It has been approved by our local ethics committee and the number of verdict has been revealed in the material-methods section. The medical records of all patients who underwent Impar ganlion block in our clinic were included. We added this as a line in order to clarify the description.
There was no further inclusion or exclusion criteria. Because the study is retrospective we could not add any other monitoring methods. (Page 6, first paragraph)

3. Result: The author wrote about sample size and sex and age of study in methods that don't want repeat it in result.

- The demographic data collected from our medical records has been revealed in the results section. (Page 8, first paragraph)

4. Discussion: The author wrote some subject matter on discussion that is not necessary so it's better deleted.

- We tried to discuss our findings as clear as possible but we strongly believe that cutting some data out will make the discussion insufficient. However, as a result of the new statistical evaluation, a minor arrangement was made in the discussion section.

5. References: Some references are old; 1,11. So it's better to deleted

- Reference 1 and reference 11 were changed.

Reviewer 2. (The proposed changes are highlighted in the article with a green emphasis.)

6. Why did not use RFT in all cases? How much time was the distance between DB and RFT?

- Patients who described a decrease in VAS scores after diagnostic block and approved the treatment received DB+RFT after the generator was obtained. RFT block was performed in 10 days after the DB.

7. What was the used drug after Impar block? Did you prescribe any pain killers?

- Nonsteroidal antiinflammatory drugs (NSAIDs) were prescribed at first line treatment after the block. The patients were allowed to take gabapentin, pregabalin or a single tablet of tramadol and paracetamol (37.5 mg + 325 mg) combination when required. (Page 9, Line 5-7)

8. Pain score in F/u was around 5, in DB group and it was around 3 in DB+RFT group. How much was the pain relief percentage? Because the pain score did not decrease so much.

- The comparison of the basic (before treatment) and lowest after treatment VAS scores showed a 40% decrease in the DB and 72% decrease in the DB+RFT group. (Page 9, Line 1-3)

9. What was your plan for unresponsive patients with no pain decline?

- Patients who did not benefit from Impar ganglion block and RF were referred to surgery. This is revealed in the results section.
10. Please provide pictures of Impar block.
- Images of Impar ganglion block are provided in the manuscript as Figure 1

11. What was the type of RF generator?
- We applied pulse RF with NeuroTherm N1100, USA. This information was added in method section. (Page 6, line 48)

Reviewer 3. (The proposed changes are highlighted in the article with a yellow emphasis.)

- The doses of drugs used was given in methods section.

13. Page 6, line 48:
- RTF was corrected as RFT.

14. Page 8, Line 6:
- Abbreviation of BMI was written as Body Mass Index.

15. Data on obesity should be added. because it seems to be among the reasons.
- Data on Obesity was added to Table-1. (Page 16)

16. When the VAS was below, the transaction was considered successful.
- Reduction of pain intensity by 50% or more was considered a successful outcome. Pain relief more than 50% was achieved in 8 patients after both DB block and DB+RFT block. Number of patients under VAS 4 were added in the result section. (Page 8, line 50-page 9, line 1)

17. Correlation between gender and obesity and VAS should be added.
- Correlation between gender and obesity with VAS score is added in the results section (Page 9, Line 13)
- Writing of the literatures were corrected as 8-10. (Page 10, Line 42)

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