Reviewer’s report

Title: The impact of selective axillary nerve block after arthroscopic subacromial decompression. A randomised controlled trial.

Version: 0 Date: 29 Dec 2019

Reviewer: Uma Hariharan

Reviewer's report:

Dear authors, kindly go through the following points.

1. It is a well known fact that giving regional block for shoulder surgery in addition to GA is more beneficial than no block at all. The conclusion conveyed at the end of the study and in abstract needs to be modified accordingly as per your results and other similar studies.

2. There are several approaches to doing an USG guided axillary nerve block. You have used the posterior approach which has lesser efficacy than others, though the complication rates are lower. This being known, it would have been prudent to use other, sure-shot approaches to the axillary nerve blocks. That could also be the reason for the higher block failure rates.

3. A better study would have been the comparison of morphine consumption in two group of patients with axillary and interscalene blocks for shoulder surgery, where the concentration and doses of LA used can also be compared with respect to VAS scores.

4. Assessment of VAS scores in the immediate postoperative period after GA has its own demerits and may not be accurate. Assessment of pain scores for the first 4 hours alone is inadequate.

5. Kindly send the USG image of the axillary block done of the patients who required an escape block in the post-op period. There could be either faulty technique or anatomical variations or other confounding variables for the failure.

6. An array of multi-modal analgesia is being used in your study for a simple sub-acromial shoulder decompression, which is generally a short procedure. The financial viability of your study must be looked into.

7. What was the airway management during your study and why was alfentanil given in addition?
8. Even though the limitations of the study have been mentioned in the end, kindly mention the measures taken to counter them in your study.

9. Even though Ropivacaine has taken over Bupivacaine in regional blocks, Bupivacaine still holds better in terms of post-op pain relief.

10. Axillary nerve block can be used as a rescue analgesia after ISBB rather than the otherway around. Axillary block also causes analgesia of the arm and postero-medial forearm.

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.

Unable to assess

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 recommend additional statistical review

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Please indicate the quality of language in the manuscript:

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