Reviewer’s report

Title: Effects of Low Versus Standard Pressure Pneumoperitoneum on Renal Syndecan-1 Shedding and VEGF Receptor-2 Expression in Living-donor Nephrectomy: A Randomized Controlled Study

Version: 3 Date: 31 Oct 2019

Reviewer: Anthony Bonavia

Reviewer's report:

The authors are to be commended on significant improvement in the manuscript compared to last submission, and for their receptiveness to reviewer feedback in their modifications. However, at this time the biggest weakness of the manuscript which precludes publication, in this reviewer's opinion is the Discussion section. See comments below

Major comments:

The DISCUSSION section is too long and wordy, which significantly detracts from the main message of the paper. It should not be a comprehensive literature review, but discussion of the clinically-relevant results backed up by data. I think it could easily be cut in half the length. Things like the molecular details of potential signaling pathways are not of major interest to readers of a clinically-oriented paper.

The DISCUSSION lacks supporting references in several places. Examples include (but are not limited to) the following:

"In humans, increased intra-abdominal pressure caused hypoperfusion in the abdominal or splanchnic regions with or without hypotension." - need reference

"Advanced venous congestion and decreased renal blood flow leads to tissue hypoperfusion or ischemia that triggers an inflammatory response" - need reference

"A laparoscopic cholecystectomy study performed with low and standard pressures showed no differences in the increase of IL-6, IL-8, and IL-10." - need reference

"In early renal injury, tubular epithelial cells increase syndecan-1 regulation to repair injured cells." - needs reference

Minor comments:

In METHODS:
- Patient Enrollment is misspelled in the manuscript

- Remove URL on line 20 of page 8. Either include full protocol in methods or in supplementary material section, depending on journal requirements

- "all patients underwent electrocardiography and monitoring of heart rate" should be changed to "all patients were continuously monitored by bedside telemetry"

- spell out abbreviations such as i.v. and QLB

In DISCUSSION

"Unfavorable consequences are not expected" - unfavorable should be changed to "adverse"

"We did not expect any ….CO2 outcomes" should be deleted. It is irrelevant here.

"the heart rate in the low pressure group trended significantly lower" - "trended" should be deleted - it was significantly lower

"One effect of low pressure pneumoperitoneum was reduced postoperative pain due to lower visceral pain" - you cannot determine causation here. "Due to" should be changed to "may have been due to"

"We assumed the higher heart rate in the standard pressure group was a response to the higher inflammatory response due to higher pneumoperitoneum" - you cannot assume this. You can only hypothesize

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:

Needs some language corrections before being published

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