Reviewer’s report

Title: Reliability of patient-reported complications following hip or knee arthroplasty procedures

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Reviewer: Benjamin Keeney

Reviewer's report:

Thank you for the opportunity to review BMRM-D-17-00472: "Reliability of patient-reported complications following hip or knee arthroplasty procedures." I generally liked the article.

Major issues:

- Many cases of egregious lack of references for big, generic statements that need validation. There are numerous examples which need to be rectified. Some of the big ones:

  a) The very first sentence of the manuscript. How do the authors know that complications awareness is a major impact on patients' decisions to pursue the surgery? From our experience, it's often not related at all.

  b) The first sentence of the second paragraph. I would argue that contacting patients directly from a registry is not inexpensive, and is not time-saving. Also has issues with the point of reference. Sure, it's cheaper for the clinic to have someone else (the registry) call the patient, but is it cheaper for society and for the patient?

  c) The "surprising finding" paragraph in Discussion. There are dozens of papers that describe pain expectations after TKA/THA which the authors don't cite at all that get at this issue in great detail. It's not a surprise.

  d) "Patients are seldom bothered by minor differences in leg length and often overlook these as long as they have improved function." How do the authors know this? This sentence seemingly states fact and explanation without attributing either. The following 2 sentences in the paragraph have similar issues as well.

- There is a huge limitation that isn't discussed at all. How do we know how the registry asks the patient about their complications? There is a sentence in the manuscript that exemplifies this near the top of page 6. Providers were more likely to report neuropathy and patients were more likely to report numbness. Well, of course! Numbness is a word that's not medically exclusive and would be known to patients with lower literacy, while neuropathy is not a familiar layman's word. If the registry callers do not explain the words, but simply asks if the patient had this complication yes/no, then that's a huge
failing. Ultimately, this manuscript needs to explain this issue, preferably by issuing the whole phone script.

- The 6-month follow-up timeframe is quite vague. It needs to be specifically defined, such as 150-210 days postoperative or similar. If ACORN doesn't define it, then it should be a discussed limitation.

- Similarly, the authors admit that 3 of the 6 surgeons actually saw most of their follow-ups by 8 weeks, which equates to roughly 2 months or 60 days, which is well below the common 90-day cutoff for postoperative complications. This isn't addressed at all and really throws the entire paper into question. Why should we accept a paper about complications if it doesn't include the standard window for complications? Why should we accept a paper that compares surgeon-reported complications and patient-reported complications when the reports are at different times? By my read of the paper, it's highly possible and easy that discrepancies could both be right: a surgeon doesn't report a complication at the 8-week follow-up, but the patient has one at 3 months and then reports it at the 6-month registry interview.

- If I read the last paragraph of Results correctly, the issues listed above may be moot, but without showing actual data or any mention in the Discussion. If so, some of those are truly surprising and should get paragraphs of discussion and displayed, rather than just pushed away.

- The findings of the authors essentially repeat all of their citations and aren't surprising. They need to do a better job justifying the publication of yet another paper with this general finding.

- Need much more information on the physician's records that were extracted. Were they EMRs or paper notes? A mix? How much investigation occurred? Who did the extraction: surgeon, nurse, medical assistant, someone else? There is a general dearth of necessary information like this in the Methods…

Minor issues:

- Abstract: Should mention that ACORN is an Australian registry since it's not obvious from the title and this journal is not Australian-specific or orthopaedics-specific. Should also be bluntly mentioned in the manuscript as well. It wasn't obvious to me.

- Abstract: The wording implies that all patients were seen at 6-month follow-up. However, the full text reveals that this wasn't the case for half the surgeons, and frankly should be changed throughout. Please rephrase the abstract accordingly.

- Abstract: I don't think the authors need to mention "2 x 2 tables." Too detailed and they don't actually show them in the manuscript itself.

- Abstract: Doesn't mention the actual procedures in question except for Key words. Need to explicitly state "total knee arthroplasty" and "total hip arthroplasty." The word "total"
or the acronyms "THA" and "TKA" should be used throughout the manuscript to distinguish from other types of hip and knee arthroplasty.

- The utility of Kappa versus % agreement discussion is interesting and I generally agree with the authors. That said, the authors use a fairly blanket decisiveness that I feel is not warranted by the size/power of their data, and I don't think it contributes much on the whole. They may want to think about limiting their conclusions on this topic or excise from the manuscript.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

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.

No

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I am able to assess the statistics

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