Reviewer’s report

Title: Impact of smoking on early clinical outcomes in patients undergoing coronary artery bypass grafting surgery

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Reviewer: Shitao Cui

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The authors evaluate the impact of persistent smoking vs. smoking cessation over 1 month before surgery on early postoperative clinical outcomes through retrospectively reviewing 3730 consecutive Chinese patients undergoing isolated CABG procedure and concludes that persistent smokers had higher incidence of pulmonary complications following CABG as compared to non-smokers and smoking cessation more than 1 month before CABG was expected to reduce early major morbidities after CABG surgery. The prevalence rate of smoking of 58.6% is considerably high.

A few remarks can be raised.
1. There are a few unfamiliar expressions. The whole paper should be proofread again by an English native specialist.
2. The authors state that in patients in whom the location or the quality of the target vessels and the preoperative characteristics (for example, large left ventricle) was considered to make off-pump revascularization technically too challenging, on-pump CABG was scheduled. The marker for grade of severity of the disease, such as SYNTAX Score, should be taken into account.
3. The authors state that postoperative respiratory failure was defined as the duration of mechanical ventilation more than 48 hours or re-intubation following surgery. Can you give the references? In some reports, postoperative respiratory failure was defined as the duration of mechanical ventilation more than 72 hours or re-intubation following surgery.
4. The authors state that smoking had an independent influence on the development of postoperative pulmonary complications (OR=1.92, 95%CI 1.08-3.64), and the risk of postoperative pulmonary complications in persistent smokers was 2.41 times than that in non-smokers, whereas the risk of postoperative pulmonary complications in those smokers with smoking cessation over 1 month before CABG was similar to non-smokers. The use of cardiopulmonary bypass may increase postoperative pulmonary complications. Authors’ conclusions should consider the difference between CABG with cardiopulmonary and CABG without cardiopulmonary.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.