Reviewer’s report

Title: The Effect of Preoperative Liver Dysfunction on Cardiac Surgery Outcomes

Version: 0 Date: 04 Jun 2017

Reviewer: Vivek Srivastava

Reviewer’s report:

Dear Authors

Thank you very much for your submission. Your study deals with outcomes in cardiac surgery (CABG and valve surgery) in patients with preoperative liver dysfunction compared to those patients without this. Having reviewed the manuscript I have the following comments.

1. The group without liver dysfunction is labelled as 'non-complicated' throughout which is not the same as 'no-liver dysfunction'.

2. The study does not differentiate between the various levels in the spectrum of liver dysfunction for e.g. that due to congestion from heart failure vs. end stage liver failure i.e. cirrhosis. There is no criteria for stratification according to severity of dysfunction (Child-Pugh or MELD). Surely there must be a difference between the milder reversible forms of dysfunction vs. irreversible failure.

3. The 3rd paragraph of introduction reads like a proposal for initiation of the study rather than describing the premise of an already conducted study.

4. Pg. 6 line 13 - The conclusion that there is 'higher than stated overall risk' has no basis in the absence of stratification of results.

5. Pg. 6, lines 14-23. Did the present study include transcatheter interventions? If so, the results are again not meaningful without stratification (as the authors themselves acknowledge).

6. Pg. 7, line 57. 'Although sometimes infrequent' does not convey any meaning.

7. Sentence at Pg. 8, line 14-18 about renal dysfunction is ambiguous.

8. Pg. 9. When economic costs are considered, it appears from the manuscript, liver dysfunction has been considered as a postoperative complication after cardiac surgery and is not in keeping with the objectives of the study.

It would be useful to see this issues addressed in any revisions.

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