Reviewer’s report

Title: National Survey of Enhanced Recovery After Thoracic Surgery Practice in the United Kingdom and Ireland

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Reviewer: yajung cheng

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This manuscript described the real life about adherence to ERAS. For lobectomy, nutritional screening, fasting periods, chest drain management, postoperative analgesia and early mobilization are aspects that can be improved. Smoking cessation, prehabilitation, regional anaesthesia and surgical technique require a more complex intervention.

Goal of operations, balanced with ease on adhere to ERAS program including time and work force, come out as the real-life practice. As lung tumor are the most common diagnosis for patients scheduled for lobectomy, both surgeons and patients could not wait 4-weeks smoking cessation or after nutritional support. Mostly surgical teams run by weekly schedule that may let the service availability around the operation hardly to operate because some of them have to work on weekends. The fast-track practice is much easier to adhere for more practice is performed during admission such as postoperative physiotherapy, early mobilization and early oral intake.

The role and the choice of regional analgesia on thoracic surgery are changing for VATS operations, followed by less chest tube drainage and less postoperative analgesic requirements. However, as more regional anaesthesia besides epidural analgesia have been applied such as paravertebral blocks or intercostal nerve blocks, I suggest the authors list all kinds of regional anesthesia for thoracotomy and VATS lobectomy in their manuscript. In table 3, were the postoperative analgesics used in all thoracic operations or for thoracotomy? If regional anesthesia is really less and less applied in lobectomy, please discuss more about the lower application rate of regional anesthesia than that suggested in ERAS. On the other hand, is it time to look back for the ERAS program? Why more strong opioids were used rather than regional analgesia? Does multimodal analgesia cost more or need more nursing care?

One more point is that is the surgical team has its own regular meeting or communications about the perioperative managements and surgical outcomes. Without outcome feedbacks, the surgical team members do not recognize the benefits on adhering ERAS program but work on their preference.

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Quality of written English
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Acceptable

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