Reviewer’s report

Title: No drains in thoracic surgery with ERAS program

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Reviewer: Nathaniel Mark Ivanick

Reviewer's report:

I reviewed the article "No drains in thoracic surgery with ERAS program" with much interest. I am an interventional pulmonologist and a pulmonary/critical care physician, and therefore I cannot offer a thoracic surgical perspective on this article.

The authors pose an interesting question of whether a urinary catheter causes more problems than it solves. They cite two retrospective articles, on by Lai and colleagues (2019) and Qiu and colleagues. In both articles the researchers mention no difference in operative times, but a statistically significant difference in hospital stay. Several potential confounders should be recognized. First, it is possible that patients in the no urinary catheter group may have been more healthy, mobile and active and therefore pre-selected as those who may tolerate the lack of a urinary catheter. I would anticipate that more complex cases would be chosen as those to have a urinary catheter. These questions should be addressed with a prospective randomized study in the future. Nevertheless, these articles are thought provoking.

The authors discuss post-operative urinary retention (POUR) as well as post-operative urinary tract infection. While they cite absolute numbers of POUR and UTI in the two groups from the Lai study, they do not give percentages, which should be corrected. POUR in the NUC group was over 11%; whereas in the UC group it was 7.4%. The UTI percentage in the NUC was 5.7%, and in the UC group was 8.3%, indicating lower frequency of infections in the NUC group. These numbers, as well as UTI/patient days should be explicitly spelled out as much as possible so that an accurate assessment of the numbers is possible.

The authors description of no chest tube after thoracic surgery is also thought provoking. Their review includes patients with both benign and malignant disease. They use the phrase "reintervention chest tube" but do not include a direct comparison of chest tubes vs no chest tubes in a prospective format. I feel the logical leap in this instance is too great. They do note that "Combined with a small number of published studies, early chest extraction or no chest tube have better perioperative outcomes in patients compared with conventional 28F chest tube placement.". This is a leading statement that then is not explained further.

In summary, the article "No drains in thoracic surgery with ERAS program" is thought provoking, but appears to be presented in a very one sided fashion, with statements made that are then not clarified with conclusive data. Perhaps this article would be better served as a letter to the editor? I would argue to not accept the article in its current form, but would recommend its alteration and resubmission.
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