Author’s response to reviews

Title: Perioperative medical management for patients with RA, SPA, and SLE undergoing total hip and total knee replacement: a narrative review

Authors:

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Author’s response to reviews:

Dear Reviewers,

Please find below our responses to your comments.

Reviewer reports:

Reviewer #1: This is a well written and interesting review. Narrative reviews provide an introduction or overview of a topic and this serves the purpose well. While not a "systematic" review, the authors summarise good quality research and guidelines in a measured way.

A few small points

Ref 1 Kurtz is widely cited but is dated. 673% increase relates to a baseline of 2005. I recommend either omitting this - it doesn't add a lot - or citing more recent studies (e.g. Inacio 2017 TKR, Culliford 2015 UK, or others)

Thank you - the wording was changed to reflect the updated reference (Background, Line 44, Page 2)

Page 3 Line 34. A useful extra reference would be the review by Kunutsor of 13 studies with 2004 infections in 177,618 patients shows RR for infection of 1.7 in RA (https://urldefense.proofpoint.com/v2/url?u=https-3A__www.ncbi.nlm.nih.gov_pubmed_26938768&d=DwIGaQ&c=jNvQucITcQMsdvTsVf6FpQ&r=vcFAuQhHwrH8yQwfaJWj1Q&m=DME9py0j8gMghBK028oR4NF0pwglJdahjEkMU2w3sI&s=L8f2OVPNx9DKHn6soMSaeGBE3rYC5aZAkFJxtudw-Lg&e=)
Thank you, this paper was added (Infection, Line 76, Page 3)

Page 4 Line 52. Referencing has gone awry. 32 here should be 33 I think. Please check the referencing throughout although I think it is mainly OK.

Thank you, this has been corrected (Infection, Line 91, Page 4)

Page 4 Line 63. Rewrite this as only one study (the RCT ref 39) is cited.

Thank you, changed as suggested (Infection, Line 102, Page 4)

Page 5 Line 67. space after) and remove a

Thank you, corrected (Infection, Line 108, Page 4)

Page 6 Line 93. "and the risk of death and cardiac events has doubled". If this is comparing the 2 studies, there is the risk that the populations differ.

Thank you, punctuation changed for clarity. (Major Acute Cardiac Events, Line 136, Page 5)

Page 8. Orthopaedic surgeons are concerned with preventing complications for many reasons. There is a huge amount of research into preventing VTE and we should expect that implementation of treatments will have had some effect on reducing VTE in the knee and hip replacement population. This also relates to Line 205

Thank you

Reviewer #2: Lines 29-31 - Please list the topics in the order they are presented in the paper (e.g. infectious, cardiac and thromboembolic adverse events)

Thank you - corrected (Background, Line 68, Page 3)

Line 76-78 - The Authors should define the dosage of glucocorticoid that fits into this recommendation:
“The panel recommends administering the usual daily dose of glucocorticoid rather than supraphysiologic "stress dose steroids" on the day of THA or TKA, specifically for adults receiving glucocorticoids for treatment of their rheumatic condition”

Added as requested “after careful taper when possible to < 20 mg. prednisone” (Infection, Line 117, Page 5)

Lines 87 and 110 - MI defined twice when it only needs to be defined once

Thank you, corrected (Major Acute Cardiac Events, Line 129, Page 5)

For the section on "Major Acute Cardiac Events" - it may be beneficial to create a "practical" section, where the authors narrate what they recommend for these patients prior to surgery (e.g. screening, risk stratification, laboratory markers, smoking cessation, etc.) and if it differs for various groups of patients (e.g. RA, SLE, etc.)

Thank you, changed in the text (Major Acute Cardiac Events, Line 181, Page 7) – a pragmatic approach has been to include RA, SPA, and SLE as risk factors in the ACA/AHA algorithm; patients with 2 risk factors, one of which could be RA, SPA, and SLE, and poor functional capacity (< 4 METS)

The authors recommend utilizing warfarin in patients with antiphospholipid antibody syndrome (APS). Can the authors please suggest VTE prophylaxis in TJA patients for all other conditions (e.g. RA, SLE, etc.)? A table may be beneficial to help guide readers.

Added to text (Venous Thromboembolism, Line 245, Page 9): Recommended prophylactic anticoagulation for (non-APS) rheumatic disease patients whose disease is quiet is the same as for non-rheumatic disease patients. Patients with active rheumatic disease should, preferably, have their disease controlled prior to undergoing elective orthopedic surgery. Patients with active rheumatic disease who must undergo urgent surgical procedures should be considered at higher than average VTE risk; prophylaxis will depend on their particular procedure.

Thank you for your continued consideration.

Sincerely,

Dr. Susan M. Goodman

Dr. Anne R. Bass