

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Predicting Risk Factors For Acute Pain After Hepatobiliary And Pancreatic Surgery: An observational Case control Study
AUTHORS	zhang, hui; Yang, Yi tian; Jiang, Lulu; Xu, Xiaodong; Zhang, Jiaqiang; Zhang, Lianzhong

VERSION 1 – REVIEW

REVIEWER	Rocca, Aldo University of Molise, Medicine and health sciences
REVIEW RETURNED	30-Jan-2024

GENERAL COMMENTS	<p>Dear Author, thank for submitting your study to BJM open. The paper is well written and treats an actual topic, however there are some minor concerns.</p> <p>Your paper includes a lot of patients well balanced and classified, results are clear in tables, but I suggest writing them "in extenso" in the paragraph results, with much more detail concerning outcomes achieved for each surgical procedure.</p> <p>The case by case decision to perform nerve-block at my eyes is a potential bias, please perform a dedicated analysis of outcomes of patients undergone nerve block vs patients who did not undergo and clarify the decision protocol to perform nerve-block or not.</p> <p>Furthermore, discussion and references should be improved citing other experiences, and considering multicenter reports to understand the comparison with the standard of care about HPB surgery. Please discuss neuroaxial anesthesia and post-operative pain.</p>
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REVIEWER	Davoodabadi, Abdoulhossein Kashan University of Medical Sciences
REVIEW RETURNED	09-Feb-2024

GENERAL COMMENTS	<p>Thank you your manuscript well prepared however I have some recommendation 1 title change to predicting Risk Factors For Acute Pain After Hepatobiliary And</p> <ul style="list-style-type: none"> • Pancreatic Surgery: An observational cohort Study • 2 Table 1 is very prolonged ht is better divided to 2 table
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VERSION 1 – AUTHOR RESPONSE

Responses to the reviewers' comments:

Reviewer 1:

Dr. Aldo Rocca, University of Molise

Comments to the Author:

Dear Author, thank for submitting your study to BJM open. The paper is well written and treats an actual topic, however there are some minor concerns.

1、 Your paper includes a lot of patients well balanced and classified, results are clear in tables, but I suggest writing them "in extenso" in the paragraph results, with much more detail concerning outcomes achieved for each surgical procedure.

Response:

Dear Dr. Aldo Rocca,

Thank you very much for giving us the chance to revise our manuscript. We have modified the result in the manuscript according to your suggestion. We added some descriptions of the tables in the results part which was marked in the revised manuscript.

2、 The case by case decision to perform nerve-block at my eyes is a potential bias, please perform a dedicated analysis of outcomes of patients undergone nerve block vs patients who did not undergo and clarify the decision protocol to perform nerve-block or not.

Response:

Thank you for your suggestion about nerve-block. We have modified the part in the 'Anesthesia and Analgesia Techniques', 'Result' and 'Discussion' parts. A diagram (fig.2) was added to show the constituent ratio of the different types between the groups.

3、 Furthermore, discussion and references should be improved citing other experiences, and considering multicenter reports to understand the comparison with the standard of care about HPB surgery. Please discuss neuroaxial anesthesia and post-operative pain.

Response:

Thank you very much for your advice. I have searched for relevant content, but the literature I got was very limited, and some revisions were made in the part of discussion. Please check it and hope to get your approval and suggestions. Thank you very much.

Special thanks to you for your valuable comments. We tried our best to improve the manuscript and have made some corrections which we hope to meet with your approval.

Reviewer: 2

Dr. Abdoulhossein Davoodabadi, Kashan University of Medical Sciences

Comments to the Author:

Thank you your manuscript well prepared however I have some recommendation

1 title change to predicting Risk Factors For Acute Pain After Hepatobiliary And Pancreatic Surgery: An observational cohort Study

Response:

Dear Dr. Abdoulhossein Davoodabadi,

Thank you very much for giving us the chance to revise our manuscript. We have modified the title in the manuscript according to your suggestion. Regarding the type of study, we consider this study to be a case-control study. The new title is "Predicting Risk Factors For Acute Pain After Hepatobiliary And Pancreatic Surgery: An observational Case control Study".

• 2 Table 1 is very prolonged ht is better divided to 2 tab

Response:

Thank you very much for your advice. We have divided the table1 into 2 tables.

VERSION 2 – REVIEW

REVIEWER	Rocca, Aldo University of Molise, Medicine and health sciences
REVIEW RETURNED	03-May-2024
GENERAL COMMENTS	Dear Author thank you for your submission. the paper treats an interesting topic however at my eyes it does not reach enough priority to be accepted. The study design is not innovative considering that ERAS protocols are applicable also in HPB surgery. Furthermore I do not feel that pancreatic surgery and liver surgery might be compared. Results does not contribute to the scientific knowlodge

VERSION 2 – AUTHOR RESPONSE

Reviewer 1:

Reviewer: 1

Dr. Aldo Rocca, University of Molise

Comments to the Author:

Dear Author thank you for your submission. the paper treats an interesting topic however at my eyes it does not reach enough priority to be accepted. The study design is not innovative considering that ERAS protocols are applicable also in HPB surgery. Furthermore I do not feel that pancreatic surgery and liver surgery might be compared. Results does not contribute to the scientific knowlodge

Response:

Dear Dr. Aldo Rocca,

Thank you very much for your suggestion. There are our viewpoint about the question below:

1. Thank you for the your advice. ERAS is indeed beneficial for patients' recovery of liver, gallbladder, and pancreatic surgeries. Postoperative pain manegment is an important component of the ERAS protocol, so related studies are meaningful.
2. In our center, liver, gallbladder, and pancreatic surgeries are performed by the same department, so we included surgeries for the liver and pancreas. Furthermore, we divided the patients into two groups based on whether they experienced moderate to severe pain (VAS \geq 4 points) after surgery, and the composition ratio of different surgical types was the same, we considerrd that the surgical method did not affect the outcome.
3. There are studies that investigate the postoperative pain of various types of surgery. I believe that exploring research that is applicable to multiple surgical types. It may be more representative and universally applicable, which is also our aconsideration for including more surgical types.

Thank you very much!