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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 120167

Title: Postoperative nausea and vomiting after laparoscopic sleeve gastrectomy: A prospective cohort study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06233169
Position: Peer Reviewer
Academic degree and professional title: Lecturer, MD, PhD
Reviewer's Country/Territory: Egypt
Author's Country/Territory: China

Manuscript submission date: 2026-02-16
Reviewer chosen by: AI Editor
Reviewer accepted review: 2026-02-24 04:12
Reviewer performed review: 2026-02-24 19:36
Review time: 15 Hours

Content to be reviewed	Does the research scope comply with ethics? **Yes** Are additional experiments needed for the study? **No** Will the manuscript's content be of interest to readers? **Yes** Is the manuscript's text correct, concise, and clear? **Yes** Do authors only cite their own earlier publications? **No** Are all references related to the topic of the manuscript? **Yes** Do authors omit important references? **No**

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	Are all references necessary and reasonable? **Yes** Is the Conclusion reasonable? **Yes** Is the content of the Discussion reasonable? **Yes** Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Yes** Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **No** Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes** Are the quality and resolution of the images up to standard? **Yes** Are the experimental data of the Results true and reliable? **Yes** Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes** Is the description of the experiments clear and complete? **Yes** Is the content of the Materials and Methods complete? **Yes** Is the content of the Introduction adequate? **Yes** Are the Key Words complete? **Yes** Does the Abstract contain the contents of each part of the manuscript (IMRaD)? **Yes** Do authors' affiliations correspond to the content of the manuscript? **Yes** Is there any Key Word that is not included in the manuscript title? **Yes** Does the manuscript's content fall within the scope of the journal? **Yes**

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Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade C (Good)
Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade B (Very good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Reviewer's AI contribution statement	

SPECIFIC COMMENTS TO AUTHORS

In general:

1. The manuscript is generally well-written, but there are places where a more direct, active voice would improve readability:

- Use Active Voice.
- Ensure you consistently use either "postoperative nausea and vomiting" or the abbreviation "PONV" after it's first defined.
- Ensure consistent tense (some sections shift between past and present).

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2. Abbreviations should be fully written at first appearance.

In Title:

3. The current title is good but does not reflect the large sample size (n=1054), which is a major strength, does not highlight the use of INVR, which is methodologically important, and does not signal the predictive analysis component. Consider a more informative title, for example: "Incidence, Severity, and Predictors of Postoperative Nausea and Vomiting After Laparoscopic Sleeve Gastrectomy: A Prospective Cohort Study Using the INVR Scale".

In the Abstract section

4. The abstract is well written and informative, but it is relatively long and dense.

5. You mention using LASSO and multivariable regression, which is great. For a broader audience, you might add a brief phrase like "...to identify independent factors associated with PONV." This just makes the statistical goal a tiny bit clearer for readers who aren't statisticians.

6. PONV is defined as INVR > 0 at any timepoint. This results in a very high cumulative incidence (76.3%).

7. The abstract should clarify that this represents any symptom over 3 days, not clinically significant PONV.

8. Reporting “Non-PONV as the outcome” may confuse readers.

9. It is more intuitive to model PONV as the outcome and describe risk factors directly.

10. The way you present the odds ratios for the Apfel score is a bit confusing. Saying an Apfel score of 3 is associated with "lower odds of being in the Non-PONV group" is technically correct, but it forces the reader to do a double-take. It would be much clearer to frame it from the perspective of the outcome we care about: PONV. Instead of: "Apfel scores of 3... were associated with lower odds of being in the Non-PONV group, reflecting increased PONV risk." You could simply say: "Apfel scores of 3 (OR for PONV:

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5.0; 95%CI: 1.3-10.0) and 4 (OR for PONV: 5.0; 95%CI: 1.4-10.0) were strongly associated with an increased risk of PONV." …….. (an example)

11. The conclusion states findings "support dexmedetomidine use." This is observational data. Causality cannot be claimed. Instead of: "These findings support dexmedetomidine use…" Use: "Dexmedetomidine use was independently associated with lower odds of PONV. Randomized trials are needed to confirm a causal protective effect."

In the Introduction section:

12. The introduction cites incidence ranges but does not clearly explain why LSG patients are uniquely high-risk (e.g., gastric manipulation, increased intra-abdominal pressure, hormonal changes). Add 2–3 mechanistic sentences to deepen the pathophysiology context.

13. The gap is partially methodological (binary outcomes), but the predictive modeling aspect (LASSO + multivariable regression) is not emphasized enough.

14. Is your study novelty a large sample? Prospective design? Use of INVR? Or Machine-learning-assisted variable selection? This should be explicitly stated

In the "Epidemiological Evidence Section" section:

16. No Sample Size Justification. Even in observational studies, a rationale should be provided. For example: expected PONV rate, number of events per variable for regression.

17. You mention a "standardized patient-controlled intravenous analgesia containing sufentanil and oxycodone." It would be helpful to add the drug doses or the PCA settings (e.g., bolus dose, lockout interval) for completeness. This allows for perfect replication.

18. A critical methodological issue concerns the definition of the primary outcome. The current definition classifies any instance of postoperative nausea, vomiting, or retching

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(PONV) as an INVR total score greater than zero at any postoperative assessment. This threshold means even minimal, clinically trivial nausea is counted as an event, which inflates the incidence rate and hinders comparison with other studies. To strengthen the interpretation of their results, the authors should justify why a score greater than zero was selected and provide additional analyses for moderate-to-severe PONV and vomiting-only outcomes..

19. The variable definitions are generally clear. However, the classification of dexmedetomidine exposure as "any administration" is problematic. It is unclear if the dose was standardized, if a maintenance infusion was used, or if the protocol was provider-dependent. This lack of specificity matters because it raises the possibility of confounding by indication.

20. A clear description of the antiemetic protocol is a strength of the perioperative management section. However, because antiemetics were administered based on the Apfel score, a structural collinearity exists between these two variables. While the manuscript acknowledges this issue, it should also describe how the collinearity was assessed, such as by reporting the variance inflation factor.

In the "Results" section:

22. The reported 76.3% incidence rate appears extremely high because it captures any nausea across multiple time points, a cumulative burden that should be emphasized.

23. A summary table quantifying the distribution of PONV severity over the three days would clarify how many patients experienced clinically meaningful symptoms.

24. While QoR-15 scores differed between groups, the manuscript should interpret whether this difference meets the minimal clinically important difference to determine its relevance for recovery.

25. The analysis of complications is underpowered with only eight events, and any suggested relationship with PONV should be avoided.

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In the " Discussion" section:

26. Discussion attributes it to a multidimensional scale. Should also admit that >0 threshold may overestimate clinically relevant PONV.

27. Apfel Score Section, explanation of collinearity is Good. However, emphasize that risk-adapted prophylaxis did not eliminate high-risk burden — this is clinically important.

28. Limitations Section Needs Expansion, Add: No external validation, No sensitivity analysis with different PONV thresholds, Potential residual confounding, and Lack of anxiety/pain control metrics.

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Reviewer's code: 08215565
Position: Peer Reviewer
Academic degree and professional title: Associate Chief Physician, MD
Reviewer's Country/Territory: China
Author's Country/Territory: China

Manuscript submission date: 2026-02-16
Reviewer chosen by: AI Editor
Reviewer accepted review: 2026-02-24 14:20
Reviewer performed review: 2026-03-07 08:34
Review time: 10 Days and 18 Hours

Content to be reviewed	Does the research scope comply with ethics? **Yes** Are additional experiments needed for the study? **No** Will the manuscript's content be of interest to readers? **Yes** Is the manuscript's text correct, concise, and clear? **No** Do authors only cite their own earlier publications? **No** Are all references related to the topic of the manuscript? **Yes** Do authors omit important references? **No**

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Scientific quality	Grade A (Excellent)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade A (Excellent)
Language quality	Grade A (Excellent)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Reviewer's AI contribution statement	

SPECIFIC COMMENTS TO AUTHORS

1.This study is a single-center, prospective cohort study designed to evaluate the incidence, severity, and associated factors of postoperative nausea and vomiting (PONV) after laparoscopic sleeve gastrectomy. A total of 1,054 patients were enrolled, and multidimensional symptom assessment was performed using the Chinese version of the Index of Nausea, Vomiting, and Retching (INVR). The incidence of PONV was found to be as high as 76.3%. The study identified the protective effect of dexmedetomidine and the high-risk predictive value of an Apfel score of 3–4. With a rigorous study design,

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large sample size, and appropriate statistical methods, this study provides valuable clinical reference.

2.Although the study has a large sample size, it is a single-center investigation, and the results may be influenced by local variations in anesthesia, surgery, nursing, and other clinical practices. It is recommended that this limitation be more clearly stated in the discussion, and multicenter validation is encouraged.

3.The use of dexmedetomidine was non-randomized and determined by the attending anesthesiologist, which may introduce selection bias. Although multivariable adjustment was performed, confounding factors cannot be completely excluded. It is suggested that this issue be supplemented in the discussion.

4.There is an inherent correlation between the Apfel score and the use of antiemetic medications. Because prophylactic strategies were based on the Apfel score, collinearity exists between these two factors, which may affect the interpretation of the independent effect of the score. Further elaboration of this limitation is recommended in the Methods or Discussion section.

5.INVR assessment may be subject to recall bias. Although repeated assessments were conducted, patient self-reporting may still be influenced by subjective memory. This point should be mentioned in the discussion.

6.Some data were not sufficiently presented. For example, although the QoR-15 score and postoperative complications were listed, they were not subjected to stratified analysis according to PONV severity. Supplementary analysis or explanation is recommended.

7. The English expression is generally fluent and the structure is clear. The figures and tables are legible with complete captions. The references are formatted standardly and cited appropriately.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Manuscript NO: 120167

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

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Reviewer's code: 06233169
Position: Peer Reviewer
Academic degree and professional title: Lecturer, MD, PhD
Reviewer's Country/Territory: Egypt
Author's Country/Territory: China

Manuscript submission date: 2026-02-16
Reviewer chosen by: Meng-Liu Luo
Reviewer accepted review: 2026-04-03 01:54
Reviewer performed review: 2026-04-03 06:18
Review time: 4 Hours

Content to be reviewed	Does the research scope comply with ethics? **Yes** Are additional experiments needed for the study? **No** Will the manuscript's content be of interest to readers? **Yes** Is the manuscript's text correct, concise, and clear? **Yes** Do authors only cite their own earlier publications? **No** Are all references related to the topic of the manuscript? **Yes** Do authors omit important references? **No**

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Language quality	Grade B (Very good)
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Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Minor revision
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	

SPECIFIC COMMENTS TO AUTHORS

Thank you to the authors for the careful and thorough revision of the manuscript. The paper has improved substantially compared to the previous version, particularly in terms of clarity of analysis, methodological transparency, and interpretation of findings. The revisions addressing the definition of PONV, the use of sensitivity analyses, and the re-framing of the regression model with PONV as the outcome are especially appreciated and strengthen the overall quality of the work.

I have only a few remaining suggestions for further improvement:

1. The manuscript is generally clear and well written. A final light edit to simplify a few

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longer or more formal sentences could further improve readability.

2. Model performance reporting: the manuscript still lacks information on model performance (e.g., discrimination such as AUC/C-statistic, and calibration). Including these metrics would help readers better understand the predictive value and robustness of the model.

3. Handling of missing data: The manuscript mentions exclusion of cases with missing essential data, but it would be helpful to report:

- the number of excluded patients due to missing data, and
- whether any assessment of missingness was performed.

A brief clarification would improve transparency.

4. The authors have provided a reasonable justification for using INVR > 0 and have strengthened the manuscript by adding sensitivity analyses. However, the statement that this definition aligns with "standard clinical definitions" may be somewhat overstated. A slightly more cautious wording would improve accuracy and avoid potential confusion with studies focusing on clinically significant PONV.

5. The inclusion of detailed PONV severitydata in the supplementary materials is valuable. However, adding a brief summary (e.g., proportion of patients with moderate-to-severe symptoms) in the main text would enhance readability and clinical interpretability.

Finally, The manuscript has been significantly improved and now addresses the major concerns raised in the previous round. With minor revisions as suggested above, it would be suitable for publication.

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Manuscript submission date: 2026-02-16
Reviewer chosen by: Meng-Liu Luo
Reviewer accepted review: 2026-04-03 01:25
Reviewer performed review: 2026-04-05 04:24
Review time: 2 Days and 2 Hours

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Language quality	Grade A (Excellent)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Accept
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	

SPECIFIC COMMENTS TO AUTHORS

The authors have provided detailed, thoughtful, and largely reasonable responses and revisions to the previous review comments, and the quality of the manuscript has significantly improved. The remaining issues and suggestions for revision are as follows:

1. The definition of the primary outcome may overestimate clinical significance. PONV was defined as any assessment with an INVR > 0, meaning even mild nausea was counted as an event, resulting in an incidence as high as 76.3%. The authors have acknowledged in the Discussion that this threshold may overestimate clinical significance and used INVR > 8 as the threshold for moderate-to-severe PONV in a

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sensitivity analysis. It is recommended to further clarify the incidence rates of "any symptom" versus "clinically significant symptoms" in the Abstract or Results.

2. The use of dexmedetomidine was non-randomized, introducing selection bias. The use of dexmedetomidine was determined by anesthesiologists and not randomized. The authors have clearly listed this limitation in the Discussion and suggested future RCTs. This is appropriate. It is recommended to re-emphasize the "associative rather than causal nature" in the Conclusion.

3. Collinearity exists between the Apfel score and the antiemetic regimen. The antiemetic regimen was implemented in a stratified manner based on the Apfel score, leading to a high correlation between the two. The authors have reported a VIF < 5, indicating no serious collinearity. However, it is recommended to add a statement in the Methods that even if collinearity is not severe, it may still underestimate the independent effect of the Apfel score.

4. Interpretation of the clinical significance of QoR-15 differences requires more caution. The difference in QoR-15 at 24 hours was 9 points, exceeding the MCID (6 points), but was only 3 points at 48 hours. The authors have noted in the Discussion that this is a secondary outcome, no formal statistical comparison was performed, and the interpretation is cautious. It is recommended to clarify whether statistical testing was performed for the 48-hour difference; if not, this should be explicitly stated.

5. Add the incidence of moderate-to-severe PONV in the Abstract or Results.