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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 123453

Title: Effects of transcutaneous electrical acupoint stimulation (TEAS) on colonic spasm during colonoscopy: A randomized controlled trial

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08275746
Position: Peer Reviewer
Academic degree and professional title: MD
Reviewer's Country/Territory: China
Author's Country/Territory: China

Manuscript submission date: 2026-05-18

Reviewer chosen by: AI Editor

Reviewer accepted review: 2026-06-15 01:10

Reviewer performed review: 2026-06-16 10:32

Review time: 1 Day and 9 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** Do authors omit important references? **No** Are all references necessary and reasonable? **Yes** Is the Conclusion reasonable? **Yes** Is the content of the Discussion reasonable? **Yes** Do the selection and design of the figures and tables

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	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** Does the manuscript's content fall within the scope of the journal? **Yes** Have any concerns been identified in the AI detection report? **No** Have any new issues been identified in the iThenticate similarity report? **No**
Scientific quality	Grade A (Excellent)
Novelty of this manuscript	Grade A (Excellent)
Creativity or innovation of this manuscript	Grade A (Excellent)
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

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Does this manuscript report an unconventional innovation?	Yes
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Onymous
	Conflicts-of-Interest: No
Reviewer's AI contribution statement	The reviewer declares that no AI tools were used in the peer review process of this manuscript and take full responsibility for the accuracy of the review, confidentiality of the manuscript, and ethical integrity of the peer review process.

SPECIFIC COMMENTS TO AUTHORS

This manuscript presents a prospective randomized controlled trial investigating the efficacy of transcutaneous electrical acupoint stimulation (TEAS) in preventing colonic spasm during painless colonoscopy. The manuscript is generally well organized, the methodology is clearly described, and the findings are of potential clinical interest. I recommend Minor Revision before publication.

Major Comments

1. Clarification of blinding procedures: The authors state that outcome assessors were blinded to group allocation; however, additional details regarding the blinding process would strengthen the methodological rigor of the study. Since patients in the TEAS group experienced electrical stimulation whereas those in the control group did not, it is possible that participants were aware of their treatment assignment. The authors are encouraged to further describe the blinding procedures and briefly discuss the potential influence of placebo effects, particularly on subjective outcomes such as pain and satisfaction scores.

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2. Assessment of the primary outcome: The definition of colonic spasm was based on a previously reported criterion; however, assessment of colonic spasm may still involve a degree of subjective judgment. The authors should provide additional information regarding how the outcome was evaluated, including whether endoscopists received standardized training and how potential discrepancies in assessment were addressed. This would improve confidence in the reliability of the primary endpoint.

3. Reporting of effect sizes: The statistical analysis primarily focuses on P values. To enhance the clinical interpretability of the findings, the authors are encouraged to report effect size measures for the primary outcome, such as relative risk (RR), along with corresponding 95% confidence intervals.

4. Further discussion of study limitations: The limitations section is appropriate but could be slightly expanded. In particular, the authors may wish to acknowledge that the sham procedure may not have completely eliminated potential placebo effects and that the study population was limited to relatively low-risk patients (ASA I–II), which may affect the generalizability of the findings to broader patient populations.

Minor Comments

1. Clinical trial registration information: The manuscript states that the trial was registered at ClinicalTrials.gov, whereas the registration number provided (ChiCTR2500114656) appears to correspond to the Chinese Clinical Trial Registry (ChiCTR). The authors should verify and correct the registration platform information if necessary.

2. Allocation concealment: Although randomization was performed using a random number table, the method used for allocation concealment is not clearly described. A brief explanation of how treatment assignments were concealed before enrollment would improve adherence to CONSORT reporting standards.

3. Language and wording: The overall language quality of the manuscript is satisfactory.

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Nevertheless, a few sentences could be further optimized for clarity and grammatical accuracy. For instance, “has been shown to benefit in gastrointestinal regulation” may be revised to “has been shown to be beneficial for gastrointestinal regulation,” and “objective criterion for identifying colonic spasm” may be revised to “an objective criterion for identifying colonic spasm.” A careful check for minor grammatical inconsistencies throughout the manuscript is recommended.

The study is clinically relevant and contributes valuable evidence regarding the use of TEAS during painless colonoscopy. Addressing the comments above would further strengthen the manuscript and improve its clarity and methodological transparency.

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Manuscript NO: 123453

Title: Effects of transcutaneous electrical acupoint stimulation (TEAS) on colonic spasm during colonoscopy: A randomized controlled trial

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03252941
Position: Editorial Board
Academic degree and professional title: MD, PhD, Professor
Reviewer's Country/Territory: Japan
Author's Country/Territory: China

Manuscript submission date: 2026-05-18

Reviewer chosen by: AI Editor

Reviewer accepted review: 2026-06-16 01:34

Reviewer performed review: 2026-06-20 04:21

Review time: 4 Days and 2 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** Do authors omit important references? **Yes** Are all references necessary and reasonable? **Yes** Is the Conclusion reasonable? **Yes** Is the content of the Discussion reasonable? **Yes** Do the selection and design of the figures and tables

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Scientific quality	Grade C (Good)
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 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

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Does this manuscript report an unconventional innovation?	Yes
Conclusion	Major revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Reviewer's AI contribution statement	The reviewer declares that no AI tools were used in the peer review process of this manuscript and take full responsibility for the accuracy of the review, confidentiality of the manuscript, and ethical integrity of the peer review process.

SPECIFIC COMMENTS TO AUTHORS

Colonic spasm frequently occurs during painless colonoscopy, directly hindering endoscopic procedures and impairing patient recovery. Pharmacological antispasmodics are commonly used but have limited efficacy. In this study, Chen et al. investigated the effect of preoperative transcutaneous electrical acupoint stimulation (TEAS) on the incidence of colonic spasm during painless colonoscopy.

They analyzed a total of 146 outpatients who underwent painless colonoscopy. The patients were randomly assigned to either the TEAS group (Group T) or the control group (Group C). Group T was subject to TEAS for 20 minutes before anesthesia induction, while Group C received electrode attachment but without stimulation. As a result, Group T demonstrated a significantly lower incidence of colonic spasm, a shorter spasm duration, reduced postoperative pain, lower incidences of some adverse events. They concluded that TEAS is an effective, safe, non-pharmacological option for painless colonoscopy.

This is a challenging study that combines Chinese traditional medicine and Western

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medicine for regulating colonic spasm during colonoscopy. Since TEAS is non-invasive and probably will be at low cost, it will be a promising option for controlling colonic spasm. This might be particularly acceptable for people who live in east Asia.

As such, this is a potentially attractive study, but I have some concerns in this study design.

Major points:

1. In the exclusion criteria, the authors document that patients who developed hemodynamic instability during TEAS or required supplemental antispasmodics during colonoscopy were excluded from the final analysis. However, the former is a kind of perioperative outcome similar to hypotension and requirement for norepinephrine and the latter suggests spasm duration of longer than 180 seconds (Table 1 and pages 8, line 28). It may not be appropriate to exclude these patients. After modifying parameters of perioperative outcomes, these excluded cases should be included and re-analyzed.
2. It is not clear how colonic spasm was detected. Although the authors claim that colonic spasm was defined as lumen patency less than two-thirds of the maximum diameter, how did they identify colonic spasm that may occur anywhere throughout the entire colon during colonoscopy? For example, can you detect colonic spasm in the ascending colon while you are observing sigmoid colon?

Minor points:

1. A concise figure illustrating four acupoints in the body will be useful for easy understanding by the audience.
2. In page 6, line 1, what does “qi” mean? (in the context that , … regulating qi, harmonizing the stomach, and …)
3. In page 9, line 7, PDR should be spelled out.
4. In page 14, lines 10-12, the meaning of the sentence “Studies indicate, …, corresponding to the postoperative …” cannot be understood.

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5. Please explain the objective criterion for identifying colonic spasm based on the previously established "scoring system" (page 15, lines 9-11). This content may not be documented in the Method. Also, please show the reference.
6. In Table 2, does colonoscope insertion time mean PDR? If so, please unify them.

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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 123453

Title: Effects of transcutaneous electrical acupoint stimulation (TEAS) on colonic spasm during colonoscopy: A randomized controlled trial

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

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: 2026-05-18

Reviewer chosen by: Jia-Lin Zhang

Reviewer accepted review: 2026-06-26 01:31

Reviewer performed review: 2026-07-03 06:24

Review time: 7 Days and 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 content of the Discussion reasonable? **Yes** Do authors omit important references? **No** Are all references necessary and reasonable? **Yes** Is the Conclusion reasonable? **Yes** Do the selection and design of the figures and tables

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	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? **No** Is the content of the Materials and Methods complete? **No** Is the content of the Introduction adequate? **Yes** Does the manuscript's content fall within the scope of the journal? **Yes** Have any concerns been identified in the AI detection report? **No** Have any new issues been identified in the iThenticate similarity report? **No**
Scientific quality	Grade B (Very good)
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 B (Very Good)
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

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Does this manuscript report an unconventional innovation?	No
Conclusion	Major revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Reviewer's AI contribution statement	The reviewer declares that no AI tools were used in the peer review process of this manuscript and take full responsibility for the accuracy of the review, confidentiality of the manuscript, and ethical integrity of the peer review process.

SPECIFIC COMMENTS TO AUTHORS

1.The serious lack of intervention details is the biggest flaw in this manuscript. The repeatability of TEAS depends entirely on the stimulation parameters. The article only mentioned ' current intensity gradually increased to the maximum level that patients can tolerate ', but did not report the average/median current intensity (mA) actually used by each patient or group of patients. This makes it impossible for any other researcher to accurately repeat your experiment. The specific value of the current intensity (mean ± standard deviation or median and range) must be supplemented.

2.The authors defined spasm as ' lumen patency less than two-thirds of the maximum diameter '. How is the threshold determined ? Is there any reference support ? How to measure the proportion of ' two-thirds ' objectively and in real time in dynamic endoscopic operation ? This is easily affected by the subjective judgment of endoscopists. It is recommended that the authors provide more objective criteria such as the use of a validated spasticity scale, or blind evaluation by a third party through video, or at least a detailed description of the judgment process to reduce bias.

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3.The method mentioned that ' any spasm that lasts more than 180 seconds will be terminated with scopolamine and such cases will be excluded from the analysis of the protocol '. This may lead to an imbalance in the characteristics of excluded cases between the two groups. For example, the TEAS group had mild spasm, which was not likely to exceed 180 seconds ; the control group had severe spasm, which was more likely to exceed 180 seconds and be excluded, thus artificially ' purified ' the control group data. Intentionality analysis (ITT) is recommended to include all randomized patients in the primary outcome analysis, including those who used remedial drugs (the outcome can be recorded as ' treatment failure ' or ' spasm ').

4.Table 3 Data interpretation error : The median of ' postoperative pain ' was 2 (0, 3) in the TEAS group and 1 (0, 2) in the control group, and P = 0.019. This indicates that the pain score of the TEAS group is higher ! This is completely contradictory to the full text description ' Group T demonstrated reduced postoperative pain '.

5.The discussion section is slightly far-fetched about the explanation of ' why TEAS shortens the duration of spasm (main outcome) but fails to significantly shorten the colonoscopy insertion time ' (' related to the effect of limited TEAS time '). It is suggested to further explore whether the preventive effect of TEAS is systemic and limited, and the preoperative single stimulation is not enough to completely cover the whole operation process, because the colonoscopy operation itself (gas injection, traction) will continue to induce new spasms ? This provides a good hypothesis for future research such as intraoperative continuous TEAS.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Endoscopy*
Manuscript NO: 123453
Title: Effects of transcutaneous electrical acupoint stimulation (TEAS) on colonic spasm during colonoscopy: A randomized controlled trial
Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer's code: 08275746
Position: Peer Reviewer
Academic degree and professional title: MD
Reviewer's Country/Territory: China
Author's Country/Territory: China
Manuscript submission date: 2026-05-18
Reviewer chosen by: Huo Liu
Reviewer accepted review: 2026-07-22 12:00
Reviewer performed review: 2026-07-22 12:46
Review time: 1 Hour

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** Do authors omit important references? **No** Are all references necessary and reasonable? **Yes**

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	Is the Conclusion reasonable? **Yes** Is the content of the Discussion reasonable? **Yes** 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** Does the manuscript's content fall within the scope of the journal? **Yes** Have any concerns been identified in the AI detection report? **No** Have any new issues been identified in the iThenticate similarity report? **No**
Scientific quality	Grade A (Excellent)
Novelty of this manuscript	Grade B (Very Good)

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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?	No
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	Yes
Conclusion	Accept
Peer-reviewer statements	Peer-Review: Onymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	The reviewer declares that no AI tools were used in the peer review process of this manuscript and take full responsibility for the accuracy of the review, confidentiality of the manuscript, and ethical integrity of the peer review process.

SPECIFIC COMMENTS TO AUTHORS

It is a good revision, and could be accepted.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed
Peer-review model: Single blind
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: 2026-05-18
Reviewer chosen by: Huo Liu
Reviewer accepted review: 2026-07-23 21:56
Reviewer performed review: 2026-07-24 22:15
Review time: 1 Day

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** Do authors omit important references? **No** Are all references necessary and reasonable? **Yes**

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Scientific quality	Grade A (Excellent)
Novelty of this manuscript	Grade B (Very Good)

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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
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	The reviewer declares that no AI tools were used in the peer review process of this manuscript and take full responsibility for the accuracy of the review, confidentiality of the manuscript, and ethical integrity of the peer review process.

SPECIFIC COMMENTS TO AUTHORS

1. In the "Results-Adverse Events" section of the revised manuscript, the authors stated that "No patients in the TEAS group reported discomfort during or after the process of

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electrical stimulation", but did not mention whether patients in the control group experienced discomfort. Considering that patients in the control group also had electrode patches applied, although there was no electrical output, the application itself might cause discomfort in some patients, such as skin allergies or pain during the removal of adhesive tape. It is recommended to supplement similar information about the control group to make the description more comprehensive.

2. The supplemented data on current intensity (median) in the revised manuscript is very helpful. However, there are differences in tolerance intensity among different acupoints (e.g., ST37 is 9, PC6 is 7). If the authors could provide one or two sentences to explain whether this is related to the local nerve distribution of the acupoints, subcutaneous tissue thickness, or the general sensation of patients, it would help readers better understand these parameters.

3. The statement "No patients were lost to follow-up" in the manuscript is an advantage of the RCT. It is recommended to more clearly specify here that all patients who completed the intervention (142 cases) completed the follow-up in the PACU stage, so as to ensure that readers can clearly understand the completeness of the data.