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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Orthopedics

ESPS manuscript NO: 14215

Title: Which way to the Orthopaedic theatre doctor?

Reviewer code: 02444730

Science editor: Fang-Fang Ji

Date sent for review: 2014-09-26 09:30

Date reviewed: 2014-10-13 01:29

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This study is well presented. There are already published similar studies concerning this topic. I this the only one study concerning Orthopaedic patients? If it so, I would suggest the authors to mention that in the introduction.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Orthopedics

ESPS manuscript NO: 14215

Title: Which way to the Orthopaedic theatre doctor?

Reviewer code: 00504783

Science editor: Fang-Fang Ji

Date sent for review: 2014-09-26 09:30

Date reviewed: 2014-10-08 08:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Journal: World Journal of Orthopaedics Manuscript number: 14215 Title: Which way to the Orthopaedic theatre doctor? The rationale of this review is good, and it is an interesting theme although few Orthopaedic doctors focused on it. The article is also well organized and well written. The cited research references are clearly described. The review is very informative and useful to both doctors and patients. The current version of the paper requires a further revision according to following notices: 1. According to the title and introduction, this manuscript focused on the mode of travel to the operating theatre, specifically for elective orthopaedic patients. However, the nature of trauma surgery and nature of orthopaedic surgery were mentioned at the same time, which are not the same range of definition or parallel relationship. Therefore, it is necessary to conform the patient underwent orthopaedic surgery or merely underwent trauma surgery. To cover these essential elements, I'd like to see more discussion on them. 2. The abstract matches the title very much. However, it is too simple. 3. In the text, the authors used a questionnaire, and I suggest it could be listed in forms. The sample size of 70 patients is quite small while a 2-week period is too short if authors would like to change clinical routine. Except the patient's choice, the questionnaire did not cover these essential elements such as pathogeny and requirement of anaesthetist. 4. The data was then recorded in a tabulated format and analysed with percentages. The authors seem to indicate the difference between age groups. However, they did not conform if the difference was significant. I'd like to see statistical evaluation and more discussion on it. For example, was there remarkable



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difference between day-case and in-patient? 5. In addition to trauma surgery which is a common surgery in orthopaedic department. A variety of surgery may be concerned.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Orthopedics

ESPS manuscript NO: 14215

Title: Which way to the Orthopaedic theatre doctor?

Reviewer code: 00736909

Science editor: Fang-Fang Ji

Date sent for review: 2014-09-26 09:30

Date reviewed: 2014-10-03 21:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
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<input checked="" type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The topic has some importance, though I'm not sure it deserves an article. It basically documents a routine of asking patients their preference with a breakdown by age and limb. I expect that the nursing staff in most institutions decide how patients should be transferred taking various issues into consideration. These probably include the distance to be forded, the type of anesthesia & pre-medication the age and general status of the patient etc. While patient satisfaction is important, it is less that patient safety. Patients before surgery can be disoriented even without pre-medication. Finding the right location in the OR is not always easy, and I am sure our JCI team would not allow patients to wander without a team member (so I do not see any savings on porters, and nurse's time is usually more expensive than porter's). Regarding family members, I think it would be reasonable in an article of this type to discuss the burden on the (e.g. Manohar A et al. Burden incurred by patients and their caregivers after outpatient surgery: a prospective observational study. Clin Orthop Relat Res. 2014 May;472(5):1416-26). It is not clear (or maybe I just missed it) what percentage of patients had general anesthesia, and whether they had pre-medication. The distance the patients had to go could in each hospital could be reported easily, while I'm not sure there is a scale of how complicated it might be to get from A to B in a hospital. These data might be important if this issue is to be implemented in other institutions. It is not clear to me whether the patients' preferences coincide with how the travelled. This should be made clear in the methods. Discussing satisfaction of something the patient decided on himself is a completely different issue from something decided for



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him/her. Following that satisfaction might be broken down according to transportation method. I think "being" on the end of the 6th line in the discussion should be "be" but the authors probably know better. Does the journal have a policy regarding English vs USA spelling? It would always be preferable to have the lines numbered for comments (Editor...). There is no mention how many patients declined to answer the questionnaire, how many were approached, how many were operated on in the relevant setting in the two weeks. The reason for preferring walking is not based on quantitative data. Overall, the paper seems like a summary of a routine satisfaction questionnaire, that was not planned in advance as a study, and many factors were not considered or put in the questionnaire. My recommendation to the authors, if they think this issue important enough to write an article, would be to treat these data as a pilot study, and to repeat the study collecting enough data to answer the concerns I present.