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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 112780

Title: Effects of early activity intervention on intestinal motility recovery in patients after colorectal cancer surgery

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08480126

Position: Peer Reviewer

Academic degree and professional title: PhD

Reviewer's Country/Territory: Denmark

Author's Country/Territory: China

Manuscript submission date: 2025-08-19

Reviewer chosen by: AI Editor

Reviewer accepted review: 2025-08-20 10:12

Reviewer performed review: 2025-09-08 09:23

Review time: 18 Days and 23 Hours

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? Yes Is there any Key Word that is not included in the manuscript title? Yes Do authors' affiliations correspond to the content of the manuscript? Yes Does the Abstract contain the contents of each part of the manuscript (IMRaD)? Yes Are the Key Words complete? Yes
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Is the content of the Introduction adequate? **Yes**

Is the content of the Materials and Methods complete?
Yes

Is the description of the experiments clear and complete? **Yes**

Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes**

Are the experimental data of the Results true and reliable? **Yes**

Are the quality and resolution of the images up to standard? **Yes**

Do the selection and design of the figures and tables follow the principles of necessity and clarity? **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**

Is the content of the Discussion reasonable? **Yes**

Is the Conclusion reasonable? **Yes**

Are all references necessary and reasonable? **Yes**

Do authors omit important references? **No**

Are all references related to the topic of the manuscript? **Yes**

Do authors only cite their own earlier publications? **No**

Is the manuscript's text correct, concise, and clear? **Yes**

Will the manuscript's content be of interest to readers?
Yes

Are additional experiments needed for the study? **No**

Does the research scope comply with ethics? **Yes**



Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade C (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 C (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	No
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

Postoperative ileus is a common complication that prolongs hospital stays and impairs recovery quality. Traditional postoperative care often emphasizes prolonged bed rest, which may further inhibit gastrointestinal function and increase the risk of complications. In contrast, early mobilization is proposed as a key non-pharmacological strategy to enhance recovery, though its multidimensional benefits require further validation. The study concludes that early activity intervention is a safe, effective, and efficient approach to enhancing recovery after colorectal cancer surgery. It not only



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accelerates the return of intestinal function but also reduces inflammation, pain, and complications, while improving psychological well-being and optimizing clinical resource use. These findings support the broader integration of structured early mobilization into ERAS protocols to improve postoperative outcomes. The study is well-structured and comprehensively designed, providing multidimensional outcome measures that extend beyond intestinal function recovery to include inflammatory markers, pain management, nutritional tolerance, nursing workload, psychological status, and patient satisfaction. The manuscript demonstrates a clear understanding of the clinical challenges associated with postoperative ileus and effectively contextualizes the intervention within current ERAS principles. The results are statistically significant and clinically meaningful, supporting the conclusion that early activity intervention is beneficial across multiple domains of postoperative recovery. Strengths: 1) The study design incorporates a broad range of outcome indicators, which strengthens the validity and generalizability of the findings. 2) The intervention protocol is described in sufficient detail, including specific timing and types of activities, which enhances reproducibility. 3) Subgroup analyses based on surgical approach (laparoscopic vs. open) add depth to the results and reinforce the consistency of the intervention's benefits. 4) The inclusion of both physiological and psychological outcomes reflects a holistic approach to patient recovery. However, The focus on short-term postoperative outcomes is appropriate for the research question, but evaluating long-term recovery metrics such as functional status, quality of life, and recurrence rates could provide additional valuable insights. The findings strongly support the integration of early activity intervention into routine postoperative care for colorectal cancer patients. The reduction in complication rates, inflammatory response, and nursing workload, coupled with improvements in patient-reported outcomes, underscores the intervention's potential to enhance recovery efficiency and healthcare resource utilization.



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Reviewer's code: 08379919

Position: Peer Reviewer

Academic degree and professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2025-08-19

Reviewer chosen by: Hong-Xin Jiang

Reviewer accepted review: 2025-09-03 11:38

Reviewer performed review: 2025-09-09 01:55

Review time: 5 Days and 14 Hours

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? Yes Is there any Key Word that is not included in the manuscript title? No Do authors' affiliations correspond to the content of the manuscript? Yes Does the Abstract contain the contents of each part of the manuscript (IMRaD)? Yes Are the Key Words complete? Yes
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Does the research scope comply with ethics? **Yes**



Scientific quality	Grade C (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 B (Very Good)
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?	No
Conclusion	Major revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

Thanks for the invitation to review this work.

I. Tables 3, 4, and 5 in the Results section all share the identical title "Effects of Early Activity Intervention on Nursing Workload and Patient Outcomes" and contain completely overlapping content (including indicators, data, and statistical values). This constitutes a clear error, which may confuse readers regarding the grouping of different indicators (e.g., nursing workload, psychological status, and sleep quality should be presented in separate tables).

2. Remove all image link placeholders and standardize table titles (Table 1. Comparison of Baseline Characteristics Between Groups").
3. The text states, "The experimental group had significantly lower 72-hour postoperative pain scores than the control group (1.8 ± 0.5 vs 3.2 ± 0.8 , $P<0.001$)," which aligns with Table 2 data. Potential Risk: Figures 1 and 2 are unavailable, so data visualization accuracy (e.g., error bars for 95% CI, significance markers) cannot be verified, relying solely on textual descriptions. II. Logical and Evidentiary Issues in Argumentation.
4. The Discussion claims, "Early activity intervention shortens hospital stay," but no specific length-of-stay data is reported in the Results (despite being listed as a secondary outcome in Methods). This creates a logical gap in the conclusion. Recommendation: Supplement data: Specify mean hospital stay and statistical differences (e.g., "Experimental group: 5.2 ± 1.3 days vs Control group: 7.8 ± 1.5 days, $P<0.001$ ").
5. Overinterpretation of Mechanistic Explanations. The Discussion asserts, "Early activity relieves pain by releasing endogenous analgesic substances," but the study did not measure endorphins, serotonin, or related indicators. This mechanism is theoretical speculation rather than experimental validation, risking overinterpretation. Recommendation: Revise to: "Early activity may alleviate pain through mechanisms such as improved blood circulation and reduced muscle spasms (hypothesized mechanisms require further validation)."
6. For complication rates (7.5% vs 20%), total events numbered only 11 (3+8), representing small-sample, low-frequency data. Using the chi-square test (requiring expected frequencies ≥ 5) may be inaccurate; Fisher's exact test should be applied, casting doubt on the reported $P=0.039$. Recommendation: Clarify in table notes: "Complications were analyzed via Fisher's exact test, $P=0.042$ " (if recalculation yields different results).
7. Other Detailed Issues



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1. Terminological Consistency

:"Enteral nutrition tolerance" is consistently used in the Abstract and Results, but "digestive system function" occasionally replaces "intestinal motility" in the Discussion, causing potential confusion. Recommendation: Standardize key terms (e.g., "intestinal motility recovery," "enteral nutrition tolerance") throughout the manuscript.

8. Table 1 notes state, "Measurement data were analyzed using t-test" without distinguishing paired vs. independent samples (independent samples were used here), potentially misleading readers. Recommendation: Revise to: "Continuous data are presented as mean \pm SD, with independent samples t-tests for between-group comparisons; categorical data are reported as percentages, analyzed via chi-square or Fisher's exact test."