



SDI Review Form 1.6

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	2015_BJMMR_18030
Title of the Manuscript:	Postoperative Nausea and Vomiting during General Anaesthesia : a prospective study on Gynaecological and Non- Gynaecological surgical patients in the University of Calabar Teaching Hospital, Calabar, Nigeria.
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	It's interesting to have the local prevalence of events like vomiting or headache to design prevent measures or programme treatment. However, there are some points to consider and also some written mistakes that have to be reviewed.	
Minor REVISION comments	1. There are some problems in the punctuation and lots of phrases without the end point, for example: "chemoreceptor trigger zone(CTZ),higher cerebral cortex cerebellum"(LINE 111) "with 100%oxygen in halothane" (LINE 196). "Thedifference was statistically significant" (LINE 232). "statistically significant.Incidence as high as 58% have been reported" (LINE 466). "may reduce the incidence of PONV.In this study, the use of" (LINE 503). 2. There's no explication for the abbreviation PCV. (pages 5,19) 3. There are no mention for other very important conditions that might cause or worse nausea/vomiting , so comments of obese patients or patients characteristic like diaphragmatic hernia or other diseases should appear on Discussion. 4. If possible, surgeries with great potential to	The corrections have been effected as follows 1. Coma has been inserted after cerebral cortex A space has been placed after 100% and before oxygen - A space has been placed between 'the' and 'difference'. - A space has been introduced before 'incidences' 2. Page 5 where it is first mentioned has been corrected to read 'Packed cell volume (PCV)' 3. These have been included in the discussion



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	cause vomiting (like some urologic or maxillfacial procedures) should be also analysed apart in the results because like most gynaecological surgeries they have a great potential for postoperative nausea/vomiting , so this might had interfere in the results found by the study (page 6). 5. In methodology it was said that: For the analysis, if patients had vomiting with any of the other symptoms (nausea and/or retching) they were categorized as having had vomiting”but on the results it was written: “Nineteen patients (11.45%) had nausea only, 16(9.6%) had nausea, retching and vomiting while 6(3.6%) had vomiting only. All the patients who vomited with or without nausea and retching were thus 22(13.25%)”. This must be revised. 6. There are too many tables and figures. Data like age, sex, BMI can be all put in the same table. The same for anaesthesiology data (eg. induction agents, use of muscle relaxants, intraoperative analgesics). All of this separated data can turn the manuscript boring to the readers.	4. These have been analysed and found to have no significant change to the result 5. That statement has been corrected in the methodology to read patients who had retching with or without vomiting were categorized as having vomiting . This is reflected in the results. 6. Tables 4&5 have been merged into Table 4. Tables 8,9&10 have been merged into Table 5. Figures 2,3&4 have been merged into Figure2
<u>Optional/General</u> comments	It's a good study that had critical capacity of analysis of the data (“limitations of the study”)	