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## REVIEWER'S REPORT

Manuscript No.: IJAR-57992

Title: Ultrasound Guided TAP Block in Pediatric Surgery: Does Adding Dexmedetomidine to Bupivacaine Improve Analgesic Outcomes?

### Recommendation:

- Accept as it is .....
- ✓ Accept after minor revision.....
- Accept after major revision .....
- Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name: Dr S. K. Nath

### Detailed Reviewer's Report

#### Strength of the study:

- Addresses an important topic in pediatric anesthesia and pain management
- Prospective randomized study design improves reliability of findings
- Clearly defined study groups and outcome measures
- Evaluates both intraoperative and postoperative analgesic outcomes
- Results are supported with statistical analysis and graphical presentation
- Relevant and recent references have been included
- Findings have practical clinical significance for pediatric surgical care

#### Weakness of the study:

- Sample size is relatively small for broader generalization
- Ethical clearance and informed consent details are not clearly reported
- Follow up period is limited to the immediate postoperative phase
- Some sections contain repetitive statements and lengthy explanations
- Methodology requires more detailed description of randomization procedures
- Adverse effects of dexmedetomidine are insufficiently discussed
- Minor grammatical and formatting issues are present throughout the manuscript

#### Reviewers Comments:

This manuscript evaluates the effectiveness of adding dexmedetomidine to bupivacaine in ultrasound guided TAP block for pediatric lower abdominal surgery. The topic is clinically relevant and addresses an important aspect of perioperative pain management in children. The study design is appropriate, and the comparison between the two groups is clearly presented. The results demonstrate improved postoperative analgesia, reduced opioid consumption, and better pain control in the dexmedetomidine group, which adds value to current clinical practice. The tables and graphical presentations help readers understand the findings easily. However, the manuscript would benefit from clearer reporting of ethical approval and informed consent procedures. The methodology section should provide additional details regarding randomization and blinding. Some grammatical errors, formatting inconsistencies, and repetitive descriptions should be corrected. The relatively small sample size and limited postoperative observation period should also be acknowledged more clearly. Overall, the manuscript is informative, well organized, and suitable for publication after minor revision.

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### **Previously Published anywhere/Plagiarism check:**

No clear evidence of previous publication was identified from the manuscript. The content appears original and is supported by appropriate references from the existing literature. However, a formal plagiarism screening using standard similarity detection software is recommended by the journal to confirm originality and ensure compliance with publication ethics before final acceptance.