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REVIEWER'S REPORT

Manuscript No.: IJAR-57993

Title: Advancing Anesthesia Practices for Cerebral Palsy: A Comparative Evaluation of Spinal and General Anesthesia in Orthopedic Interventions

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 ID: JP085

Reviewer's Comment for Publication.

This randomized controlled trial compared Spinal Anesthesia (SA) and General Anesthesia (GA) in 50 children with cerebral palsy undergoing Varus Derotation Osteotomy (VDRO). The study evaluated perioperative hemodynamic stability, postoperative pain, complications, and satisfaction levels. The findings showed that SA provided superior immediate postoperative pain relief and reduced postoperative nausea and vomiting, while GA offered greater intraoperative hemodynamic stability and higher patient satisfaction due to complete unconsciousness during surgery. The authors recommend a patient-specific approach when selecting anesthetic techniques for children with cerebral palsy.

Strength:

1. Clinically relevant topic in pediatric anesthesia and orthopedic surgery
2. Prospective randomized controlled study design
3. Direct comparison of two commonly used anesthetic techniques
4. Clear inclusion criteria and perioperative outcome measures
5. Addresses a vulnerable patient population with unique anesthetic challenges
6. Practical recommendations for anesthetic selection in cerebral palsy patients
7. Focus on pain management, recovery, and complication rates

Weakness:

1. Small sample size (50 patients) limits statistical power
2. Single-center study reduces generalizability of findings
3. Randomization process is not described in sufficient detail
4. Short postoperative follow-up period
5. No long-term functional or recovery outcomes reported
6. Satisfaction assessment methodology is inadequately explained
7. Several grammatical, formatting, and typographical errors throughout the manuscript

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Overall assessment:

This manuscript addresses an important aspect of perioperative management in children with cerebral palsy. The randomized design and comparison of spinal and general anesthesia provide valuable clinical insights. The findings suggest that spinal anesthesia offers better early postoperative analgesia, while general anesthesia may provide superior intraoperative stability and patient comfort. However, the small sample size, methodological limitations, and language issues reduce the overall scientific impact. Further multicenter studies with larger patient populations and longer follow-up are warranted.

Recommendation: Manuscript accepted for publication after minor revision.