



### REVIEWER'S REPORT

Manuscript No.: IJAR-58159

**Title: Predictive Factors of Delayed Postoperative Emergence in Pediatric Anesthesia.**

**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.**

**Summary**

This observational study investigated the incidence and predictors of delayed postoperative emergence in children undergoing general anesthesia. A total of 240 pediatric patients were included. The study found that 17% of children experienced delayed emergence, with emergency surgery, preoperative anxiety/agitation, and prolonged operative duration identified as independent predictors. The findings emphasize the importance of early risk identification and careful perioperative management to improve recovery after anesthesia.

**Strength:**

1. Addresses an important topic in pediatric anesthesia.
2. Good sample size (240 children).
3. Includes both univariate and multivariate statistical analyses.
4. Identifies clinically relevant independent risk factors.
5. Provides practical recommendations for perioperative care.
6. Results are clearly presented and clinically useful.

**Weakness:**

1. Single-center study limits generalizability.
2. Detailed anesthetic drug information was not included.
3. No depth-of-anesthesia or neuromuscular monitoring data.
4. Adjusted odds ratios from the multivariate analysis were not reported.
5. Minor grammatical and formatting errors are present.
6. Longer follow-up for postoperative outcomes was not performed.

**Overall assessment:**

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## **REVIEWER'S REPORT**

The manuscript addresses a clinically relevant problem in pediatric anesthesia and provides useful evidence on factors associated with delayed postoperative emergence. The methodology and statistical analysis are appropriate, and the findings have practical implications for improving perioperative care. Minor revisions in reporting, language, and presentation would further strengthen the manuscript.

**Recommendation:** Manuscript accepted for publication.