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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 -YES

Do not accept (*Reasons below*)

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

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

Overall Recommendation

****Recommendation: Major Revision****

The manuscript addresses an important topic in pediatric anesthesia and attempts to identify predictors of delayed postoperative emergence. The subject is clinically relevant; however, the manuscript has substantial methodological, reporting, statistical, and referencing deficiencies that preclude acceptance in its current form.

1. Strengths

1. ****Clinically relevant topic****

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*** Delayed postoperative emergence is an important perioperative complication in children.**

2. **Prospective study design**

*** A prospective observational approach is more reliable than retrospective data collection.**

3. **Reasonable sample size**

*** Inclusion of 240 pediatric patients provides adequate preliminary data.**

4. **Clinically useful outcome**

*** Identification of high-risk patients may improve perioperative planning.**

5. **Use of multivariable analysis**

*** Attempting multivariate analysis is appropriate for identifying independent predictors.**

6. **Simple and readable writing**

*** The manuscript is generally easy to understand.**

2. Weaknesses

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Major Weaknesses

A. References are completely inappropriate

This is the biggest concern.

The manuscript is about **pediatric anesthesia****, whereas almost every reference concerns:**

- * trauma**
- * hemorrhage**
- * coagulopathy**
- * shock index**
- * blood transfusion**

There are virtually **no references related to pediatric anesthesia, delayed emergence, anesthesia recovery, or postoperative awakening.******

This alone makes the manuscript unsuitable for publication.

B. Definition of delayed emergence is missing

The study never specifies

- * awakening after 20 minutes?**
- * 30 minutes?**

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*** 60 minutes?**

Without a standardized definition, readers cannot interpret the reported incidence.

C. No ethical approval

The manuscript does not report

*** Institutional Ethics Committee approval**

*** approval number**

*** informed consent**

This is mandatory for pediatric clinical research.

D. Important anesthetic variables are absent

Missing variables include

*** anesthetic agents used**

*** inhalational vs TIVA**

*** opioid dose**

*** muscle relaxants**

*** reversal drugs**

*** BIS monitoring**

*** neuromuscular monitoring**

*** anesthesia duration**

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* anesthesiologist experience

These factors strongly influence delayed emergence.

E. Statistical analysis is inadequate

Although odds ratios are reported,

the manuscript does not present

* regression table

* adjusted OR

* adjusted confidence intervals

* regression coefficients

* model fit

* goodness-of-fit

* multicollinearity assessment

F. Results section lacks tables

No

* demographic table

* univariate table

* multivariate table

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Readers cannot verify results.

G. No discussion with previous literature

The Discussion barely compares findings with published studies.

A scientific discussion should compare results with previous pediatric anesthesia research.

H. Single-center study

External validity is limited.

3. Minor Weaknesses

*** Numerous spacing errors**

Examples

*** pediatricanesthesia**

*** medicalhistory**

*** physicalstatus**

*** electivesurgery**

*** difficultvenousaccess**

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* Grammar requires editing.

* Keywords are too general.

* Abbreviations should be defined on first use.

* Confidence intervals should be uniformly formatted.

4. Key Points

Positive

✓ Important pediatric topic

✓ Prospective design

✓ Clinically meaningful outcome

✓ Practical implications

Negative

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✘ Completely inappropriate reference list

✘ No ethics approval

✘ Undefined primary outcome

✘ Missing anesthesia protocol

✘ Missing statistical details

✘ No regression tables

✘ Poor discussion

✘ Numerous formatting problems

5. Scientific Significance

****Novelty:**** Moderate

Many studies have already investigated delayed emergence in pediatric anesthesia.

The manuscript provides local observational data but offers limited innovation.

****Clinical significance:**** Moderate to High

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If properly conducted and reported, identifying predictors may improve perioperative care.

****Methodological quality:** Fair**

Significant methodological deficiencies reduce confidence in the findings.

6. Specific Recommendations for Authors

- 1. Replace the entire reference list with current pediatric anesthesia literature.**
- 2. Clearly define delayed postoperative emergence.**
- 3. Add Institutional Ethics Committee approval and informed consent information.**
- 4. Describe anesthetic protocol in detail.**
- 5. Include all perioperative drug information.**
- 6. Provide complete regression tables.**
- 7. Report adjusted ORs with 95% confidence intervals.**
- 8. Add demographic and outcome tables.**
- 9. Compare findings with previous published studies.**
- 10. Professionally edit English language and formatting.**

7. Recommendation to the Editor

****Decision:** Major Revision****

Justification

REVIEWER'S REPORT

Although the topic is clinically relevant and the prospective design is a strength, the manuscript has major deficiencies that prevent publication in its current form. The most serious concern is the **reference list, which is unrelated to pediatric anesthesia and instead cites trauma and hemorrhage literature, raising concerns about scientific rigor. Additionally, the manuscript lacks ethical approval details, a standardized definition of delayed emergence, complete anesthetic methodology, and comprehensive statistical reporting. These issues require substantial revision before the manuscript can be considered for publication.**

****Overall Recommendation:** *Major Revision**.**

Major Revision Justification (Line-by-Line Review)**Recommendation: Major Revision**

The manuscript addresses an important clinical problem, but it has significant methodological, statistical, ethical, and reporting deficiencies that substantially reduce its scientific quality and reproducibility. The following line-by-line comments justify a **Major Revision** decision.

Line(s)	Issue	Reason for Major Revision
5–11	Background lacks literature support.	The clinical importance is stated, but no recent evidence or references are cited to support the claims.
13–15	Objective is too general.	The hypothesis and primary outcome are not clearly defined.
17–28	Study design inadequately described.	Important methodological details such as study location, ethics approval, sampling method, sample-size calculation, and recruitment strategy are missing.
20–22	Inclusion/exclusion criteria incomplete.	Exclusion criteria are insufficient and omit neurological disorders, congenital anomalies, sedative medication use, and metabolic disorders that could influence emergence.
23–27	Important perioperative variables omitted.	The study does not collect or analyze anesthetic drugs, opioid dosage, inhalational agents, neuromuscular blockers, reversal agents, or anesthetic depth

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Line(s)	Issue	Reason for Major Revision
		monitoring, all of which are major predictors of delayed emergence.
30–45	Results are incomplete.	Only summarized findings are presented. Baseline characteristics, regression tables, confidence intervals for adjusted analyses, and event distribution are missing.
38–45	Multivariate analysis inadequately reported.	Adjusted odds ratios, adjusted 95% confidence intervals, regression coefficients, and model performance statistics are absent.
47–52	Conclusion overstates findings.	Conclusions imply causality despite an observational study design. Only associations can be concluded.
64–68	Delayed emergence not operationally defined.	The manuscript does not specify the time threshold used to define delayed emergence (e.g., >30 or >60 minutes), limiting reproducibility.
73–87	Literature review is superficial.	Important pediatric anesthesia studies are not discussed, and the knowledge gap is not adequately established.
91–130	Methods lack essential information.	No ethics committee approval, informed consent, study registration, sample-size justification, handling of missing data, or statistical software is reported.
103–117	Variables insufficiently defined.	Variables such as "prolonged operative duration," "medical history," and "preoperative anxiety" lack operational definitions and measurement methods.
118–130	Statistical methods incomplete.	No information on variable selection, multicollinearity testing, model calibration, goodness-of-fit, or interaction analysis is provided.
132–176	Results lack supporting tables and figures.	There are no demographic tables, regression tables, or flow diagrams, making independent evaluation impossible.
151–167	Statistical findings require clarification.	Extremely small p-values (e.g., $p < 0.000000002$) are unnecessarily precise and should follow conventional reporting standards (e.g., $p < 0.001$).
177–232	Discussion lacks comparison with previous studies.	The findings are discussed descriptively but not critically compared with published pediatric anesthesia literature.
201–223	Mechanistic explanations are speculative.	The proposed mechanisms are not adequately supported by the study data or relevant references.
233–	Clinical implications	Recommendations for clinical practice should be more

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Line(s)	Issue	Reason for Major Revision
242	overstated.	cautious because causality has not been established.
243– 254	Limitations section incomplete.	Additional limitations such as single-center design, possible selection bias, residual confounding, lack of external validation, and absence of standardized anesthesia protocols should be acknowledged.
255– 268	Conclusion requires revision.	Conclusions should reflect observational associations and avoid implying predictive certainty.
270– 343	References are inappropriate.	Nearly all references relate to trauma, hemorrhage, shock index, and coagulopathy rather than pediatric anesthesia or delayed postoperative emergence. This is a major scientific flaw requiring replacement of the reference list.

Additional Major Issues**Ethics Statement Missing**

No Institutional Review Board/Ethics Committee approval number.

No informed consent statement for pediatric participants.

Reporting Guideline

The manuscript does not appear to follow the **STROBE** reporting guideline for observational studies.

Language and Formatting

Numerous formatting errors (e.g., "pediatricanesthesia", "medicalhistory", "physicalstatus") require professional editing.

Data Transparency

No supplementary data, regression output, or statistical appendix is provided.

Reference Quality

The bibliography is largely unrelated to the study topic, suggesting either an incorrect reference list or inadequate literature review.

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Overall Editorial Recommendation

Decision: Major Revision

Justification

Although the topic is clinically relevant and the prospective design is a strength, the manuscript has several major deficiencies that prevent publication in its current form. The absence of ethical approval information, incomplete methodology, lack of detailed statistical reporting, missing operational definitions, unsupported discussion, and—most critically—the **entirely inappropriate reference list unrelated to pediatric anesthesia** substantially undermine the scientific credibility of the study. Comprehensive revision is required before the manuscript can be considered for publication.