

## Reviewer Assessment

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# Risk factors for perioperative complications in inguinal hernia repair – a systematic review

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## Reviewers' Comments to Original Submission

### Reviewer 1: anonymous

Jan 31, 2017

<b>Reviewer Recommendation Term:</b>	Accept
<b>Overall Reviewer Manuscript Rating:</b>	70
<b>Custom Review Questions</b>	<b>Response</b>
Is the subject area appropriate for you?	5 - High/Yes
Does the title clearly reflect the paper's content?	4
Does the abstract clearly reflect the paper's content?	4
Do the keywords clearly reflect the paper's content?	2
Does the introduction present the problem clearly?	4
Are the results/conclusions justified?	4
How comprehensive and up-to-date is the subject matter presented?	4
How adequate is the data presentation?	4
Are units and terminology used correctly?	4
Is the number of cases adequate?	5 - High/Yes
Are the experimental methods/clinical studies adequate?	3
Is the length appropriate in relation to the content?	4
Does the reader get new insights from the article?	3
Please rate the practical significance.	5 - High/Yes
Please rate the accuracy of methods.	3
Please rate the statistical evaluation and quality control.	3
Please rate the appropriateness of the figures and tables.	4
Please rate the appropriateness of the references.	5 - High/Yes
Please evaluate the writing style and use of language.	5 - High/Yes
Please judge the overall scientific quality of the manuscript.	3
Are you willing to review the revision of this manuscript?	Yes

**Comments to Authors:**

This is a well presented topic of significant clinical relevance. As the authors state - hernia repairs are one of the most frequent operations worldwide. It is of utmost significance to know the risk factors for perioperative complications in particular due to the fact that many inguinal/femoral hernia repairs are performed on an outpatient Basis. Evaluating a vast amount of studies the authors could finally identify 39 publications which were further evaluated. Well-known risk factors were identified and may help in the future to improve the perioperative data for inguinal hernia repair.

The study definitely has some limitations, which are not addressed in this review because the authors clearly state these limitations in the discussion of the data. The figures in the manuscript substantially improve the paper and are essential for the understanding. It seems justified to argue for a greater acceptance of the Clavien-Dindo classification to report perioperative complications in order to better compare different studies.

The key words should be ranked as follows and extended by: inguinal hernia surgery - perioperative complications - risk factors - Clavien-Dindo classification

That can be done by the publisher and does not require a revision by the authors.

**Reviewer 2: Timm Franzke**

Feb 09, 2017

**Reviewer Recommendation Term:**

Accept

**Overall Reviewer Manuscript Rating:**

N/A

**Custom Review Questions****Response**

Is the subject area appropriate for you?	5 - High/Yes
Does the title clearly reflect the paper's content?	3
Does the abstract clearly reflect the paper's content?	3
Do the keywords clearly reflect the paper's content?	2
Does the introduction present the problem clearly?	4
Are the results/conclusions justified?	3
How comprehensive and up-to-date is the subject matter presented?	4
How adequate is the data presentation?	3
Are units and terminology used correctly?	4
Is the number of cases adequate?	4
Are the experimental methods/clinical studies adequate?	3
Is the length appropriate in relation to the content?	4
Does the reader get new insights from the article?	2
Please rate the practical significance.	4
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Please rate the appropriateness of the figures and tables.	3
Please rate the appropriateness of the references.	4
Please evaluate the writing style and use of language.	4
Please judge the overall scientific quality of the manuscript.	3
Are you willing to review the revision of this manuscript?	Yes

**Comments to Authors:**

The work gives a good overview of the perioperative complications after operative interventions in inguinal hernias. The known risk factors have been confirmed. The authors found that the generally accepted Clavien-Dindo classification was only rarely used and thus a comparison is difficult. The authors advocate a consistent application of this classification in the future. Unfortunately, 2 major complications are not discussed in the area of hernia surgery, recurrence, and chronic pain. The authors justify this by the difficult identification of these complications. Unfortunately, it is not fully comprehensible how the authors come to their final statements. Furthermore, the differences between surgical procedures are not clearly discussed.