



SDI Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_29234
Title of the Manuscript:	The Efficacy of the Volume of Hyperbaric Bupivacaine Used and Its Influence on Spinal Anaesthesia Induced Hypotension During Caesarean Section
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	This is an interesting and important study assessing spinal anaesthesia bupivacaine dose for Caesarean section, block height, effect on blood pressure and need for supplemental intra-operative analgesia. How was ethics addressed? Please comment further on how the dose/volume was chosen? Was it a randomised trial or? How many doses, how many different volumes were tested? Was there a difference between emergent and non-emergent cases, seems of importance to comment on differences? What about blood loss, how did blood loss impact blood pressure and the results? Did any of the emergent cases bleed before the spinal? Preoperative food and fluid intake; please comment and also describe difference between elective and emergent cases? Ethical issue: please comment on ethics, was the study protocol reviewed by the ethical committee? Where all participants informed?	1. The study was not randomised. It was an audit and it was observational 2. on how the dose was chosen. This has been addressed in the article and highlighted 3. The difference between elective and emergency is included in the article and is shown in a table. 4. The hypotension analysis was in the first 15 minutes after the induction of spinal or before the delivery of the baby. Blood loss did not affect the analysis. Antepartum haemorrhage or bleeding before the spinal was an exclusion criteria Being an audit and observational study, I did not think it was necessary for the study protocol to be reviewed by ethical committee so it was not done. However a written informed consent was obtained from all participants before anaesthesia and surgery
<u>Minor</u> REVISION comments	I can see that the discussion can be shortened and more focused on discussion around main objective and findings.	I am sorry that it has not been possible to shorten the discussion without it affecting the train of the write up
<u>Optional/General</u> comments	Interesting and important paper.	