

Peer Review File

Article information: <https://dx.doi.org/10.21037/gc-24-217>

Reviewer A

An excellent use of regional anesthesia and a timely addition when percutaneous thyroid nodule treatment is proliferating. May I suggest some anesthesia related references which demonstrate region blocks being utilized?

Weatherford E, Stack Jr. BC. Perioperative and Outpatient Pain Management in Endocrine Neck Surgery Patients. *Journal of Surgical Endocrinology* 2018;1(1):8-15.

Ferrell JK, Shindo ML, Stack BC Jr, Angelos P, Bloom G, Chen AY, Davies L, Irish JC, Kroeker T, McCammon SD, Meltzer C, Orloff LA, Panwar A, Shin JJ, Sinclair CF, Singer MC, Wang TV, Randolph GW. Perioperative pain management and opioid-reduction in head and neck endocrine surgery: An American Head and Neck Society Endocrine Surgery Section consensus statement. *Head Neck*. 2021 Aug;43(8):2281-2294. doi: 10.1002/hed.26774. Epub 2021 Jun 3. PMID: 34080732.

Ferrell JK, Singer MC, Farwell DG, Stack BC Jr, Shindo M. Evaluating contemporary pain management practices in thyroid and parathyroid surgery: A national survey of head and neck endocrine surgeons. *Head Neck*. 2019;41(7):2315-2323. doi:10.1002/hed.25694

Weatherford Creighton E, Dayer L, King D, Vural E, Sunde J, Moreno MA, Stack, Jr BC. Remote Smart Pill Cap Monitoring of Post-Surgical Pain Management in Thyroid and Parathyroid Surgery. *Am. J. Surgery*.

7. Peckham M, Creighton E, Troughton M, Yeh J, Lide R, Stack BC Jr. Enhanced Recovery After Surgery Protocol for Opioid Use Reduction in Ambulatory Thyroid and Parathyroid Surgery. *J Video Endocrinology* 2020. 28 Dec 2020. <https://doi.org/10.1089/ve.2020.0198>

Reply:

Thank you very much for your suggestions. We have added the suggested references into the citations.

Reviewer B

Question research of this study is interesting and never explored before, and I suggest accepting this paper after minor revision.

The focus of this study is to determine the possible role of cervical plexus block, added to perithyroidal local anesthesia, in managing operative e post-operative pain during thyroid thermal ablation. As specified in discussion, it would be interesting to compare volume reduction rates of two studied groups in future follow-up studies.

Sample size is sufficient to have significant results.

Method and study design are appropriate for answering the research question. Results support the conclusions.

Figures and tables clear and accurately represent the results.

Citations are appropriate.

Limitations are cleared and discussed.

Language is mostly clear and understandable.

There are some minor issues:

Abstract

- Line 21: reduce intra-operative and post-operative pain

Reply:

Thank you for the suggestion. Pain scores were not charted during ablation but immediately after ablation, as well as 4 hours after ablation. Therefore, we think it may be more appropriate to put “post-operative” pain as the main subject under study.

Introduction:

- Line 49: I would remove “promising” since thermal ablation for symptomatic benign thyroid nodule has been widely studied and validated.

Reply: Thank you. We have replaced “promising” with “effective” in this sentence.

- Line 52: insert reference on data you share “RFA and MWA” are the most commonly performed techniques. I would cite latest

Reply: Thank you very much. We have amended the wording to “Currently, the most commonly performed thermal ablation procedures for thyroid nodules “include” RFA and MWA.” We have also added the references for this part.

Methods:

- Line 75: specify institution.

Reply: Thank you. The name of our institution has been blinded due to the review policy of the journal. It will be shown in the published manuscript.