Peer Review File

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Reviewer A

Comment 1:
Interesting paper looking at ERAS implementation for elective spine surgery.

Should address implications for total disc replacement PMID: 37777178 and pre-op nutritional optimization PMID: 37143932.

If the above are addressed and references included, paper could be of interest.

Reply 1:
Thank you for your feedback regarding the limitations of this particular study. I agree that a more complete study would have looked at nutritional optimization in the preoperative phase and should be incorporated as part of our implemented ERAS protocol. However, due to lack of resources and not having a dietitian as part of our pre-existing team, this could not be achieved in this pilot study.
Similarly, instrumented spines (both fusions and disc replacements) were beyond the scope of our pilot study as was mentioned in the Introduction and Study design sections of the manuscript (Pages 6-7, Lines: 88-106). Again, I agree that expanding the patient population to those undergoing more complex spine surgeries in future studies would be interesting to study.

Changes in the Text:
Page 14, Line 284-291 “This pilot study only included patients undergoing simple spinal decompressions using a targeted set of ERAS interventions. Although assessment of nutritional status and pre-operative nutritional optimization form part of ERAS® society spinal fusion guidelines(22), due to resource and personnel limitations, these could not be incorporated into our implemented protocol and should be included in future iterations of the protocol. A larger study population with inclusion of more complex spinal surgeries (such as instrumented fusions and disc replacements) as well randomisation to eliminate selection bias should be considered in future studies.”

Reviewer B

Comment 2:

ERAS protocols evolving to improve patient care and reduce economic burden on patients and hospitals.

In abstract on page 1 in methods you said re-operation within 6 months but in results you commented re-operations within 30 days.

Reply 2:

Thank you very much for picking up the inconsistency in my text.

Changes in the Text:

Page 4, Line 49 – "… were no readmissions within 30 days or re-operations within 6 months of surgery"

Comment 3:

Page 3, Line 74,75 - ERAS protocols for spine surgery are well established (not in infancy) by ERAS society and SNACC (Society of Neuroscience in Anesthesiology and Critical Care) with ongoing improvements.

Reply 2:

Thank you again for picking up that I was not expressing my thoughts accurately. My intention was to relay that it remains in infancy in Australia.

Changes in the Text:

Page 6, Line 77-79 – "More recently its implementation and assessment has been adopted to spine surgery across the world, but in Australia it still remains in its infancy."

Comment 3:

Page 3: In study design section please comment on IRB or Institutional ethical board exemption as mentioned in the foot note (in page 10) regarding the study and any IRB study submission number.

Reply 3:

Noted with thanks

Changes in the Text:

Page 7, Line 100-101 – "Ethics approval was not required after an exemption was provided by the Institutional Review Board."

Comment 4:

Page 4: lines 122 to 124 - Internationally, most anesthesiologists/surgeons follow ASA (American society of anesthesiologists- 2017) or European society of anesthesiologists

NPO guidelines followed, light meal acceptable 6 hours before surgery, but fried food, fatty food or meat allowed 8 hours before the surgery.

Reply 4:
Thank you for picking up on my lack of specificity regarding all restrictions in modern fasting guidelines as per the ASA.

Changes in the Text:
Page 8: Line 119-121 – “Preoperatively, the patients are advised to fast as per modern fasting guidelines(23) and receive preemptive analgesia (200mg celecoxib, 75mg pregabalin and 1g of paracetmol)(24,25) when they are checked in on the morning of their surgery”