

Peer Review File

Article information: <https://dx.doi.org/10.21037/joma-22-34>

Reviewer Comments

This is a nice review but it has still some things to improve:

Comment 1) in the airway consideration paragraph there should be some sentences about postoperative delirium and the role of tracheostoma and time of extubation

Reply 1: As suggested, a section highlighting that airway complications can result from postoperative delirium and that this may necessitate ongoing support with definitive airway management until the patients is assessed as being ready for extubation has been included in the airway paragraph. Further explanation of delirium has been included later in the paper, where the authors have highlighted specifically that tracheostomy may facilitate improvement in the management of delirium for patients still requiring definitive airway control.

Comment 2) Nutritional paragraph: please provide a small paragraph about gastric tube and experience with preoperative PEG-Tube in those patients

Reply 2: The scope of this article is the postoperative management of patients having major surgery for oral cancer. The authors therefore have not included this, as our understanding is that preoperative care will be covered within a separate manuscript.

Comment 3) Please provide a small paragraph about the risk for postoperative delirium and deficit of nutrition

Reply 3: The authors have included an explanation that poor nutritional status is associated with increased incidence of delirium as suggested, within the nutrition section.

Comment 4) in the general ICU paragraph there should be a table with different known concepts concerning alcohol withdrawal and alcoholic-deprived patients (Medication, alcohol consume via tubes etc)

Reply 4: In UK practice, treatment for alcohol withdrawal would centre around regular monitoring of objective physiological signs and subjective patient symptoms of substance withdrawal. Treatment would then usually be instituted in a stepwise manner, according to local policies. In our practice, we wouldn't administer alcohol via any route and there is little evidence to support this strategy, although appreciate that this may be part of a treatment protocol in some parts of the world. We have included a section to explain in more detail the principles of managing patients with withdrawal syndromes, as per the reviewers advice.

Comment 5) please explain the hypoactive and the hyperactive form of delirium and its frequency. Provide a table with different triggers for postoperative delirium and a table with potential treatment options reported in guidelines (medications, fluid intake, length of surgery etc)

Reply 5: Many thanks for this advice. The authors have included a table identifying patient, perioperative and critical care risk factors for delirium that are specifically relevant to patients having oral cancer surgery. In terms of treatment for delirium, the key features of the PADIS guidelines have been included in the text to maintain an emphasis in the manuscript on reporting those interventions that have the best evidence.

Comment 6) Overall this review is no systematic review but there should be some structure: please provide a material and methods paragraph

The following methods should be included:

Protocol and search strategy

inclusion and exclusion criterias

study selection and data extraction

Reply 6: This is a conventional review article, and we have followed the template provided by the journal for this type of article. A specific methods/search strategy is not appropriate for a conventional review article and is not included as a requirement in the journal's template, as it would be for a narrative or systematic review. This specific aspect has been discussed with the commissioning editor, Dr Patrick Ward, who has also clarified the requirements for a conventional review article with the journal (Sasa Zhuu), as this was a query raised for a previous set of authors, Dr Crawley et al. We have followed the template as per their guidance.