

Peer Review File

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Reviewer A

This is an interesting and important study about anxiety level in third molar surgeries. In general, the article is well designed, but several points need to be revised before may be considered to publication. Find below my suggestions:

Title: I suggest using the word study instead audit.

Adjusted in the title

Abstract: Only the conclusion I think is necessary changing the second sentence. The word “however” seems to be related to postoperative pain not to the trismus.

Corrected

The keywords State-Trait Anxiety Inventory, STAI I could not find as an uniterm. Where the authors looked for?

The term STAI was removed

As a prospective study, I was a little confuse if the authors did the randomization of the patients or selected a group of patients without randomization.

Dear reviewer, this is an observational and prospective study. None randomization was performed and the patients were subdivided accordingly to their surgery. The sample was analysed according to the surgery. Please note in the material and methods “Patients were included consecutively through a non-probabilistically model.”

Regardless of type of study, the authors should follow the Consort statement: <http://www.consort-statement.org/> for clinical trial or STROBE statement: <https://www.strobe-statement.org/index.php?id=strobe-home> for observational and retrospective studies. There are some patterns to write those studies, which since title, abstract, methodology, results, and discussion should follow those guidelines.

Included and modified as suggested

Features such as demographic data of the patients, details of the teeth removal (how many right/left mandibular third molar were removed; Pell Gregory and Miller classification for each group, etc).

Dear reviewer, we do have those data, nevertheless, since there are surgeries with 2 or more teeth this may complicate the clearness of the information. To compensate, we decided to include an overall measurement of the difficulty of the surgery. Other measurement that may be useful is the

length of the surgery, also described in main results. The basic demographic data were described in the results.

After those revision, I think the article may be considered to publication.

Reviewer B

This paper does not have a rigorous methodology. The assessment of difficulty and trismus are not standardized or reproducible. Other papers assessing trismus often measure inter-incisal distance rather than patients' perceptions of how they feel their mouth is opening.

Dear reviewer thank you for your comments. This study is an observational clinical trial and purposely several variables are not controlled. We assume its limitations but both methods have already been published before. I included here 2 reverences of our group for swelling and trismus. 1(trismus). Single-channel electroencephalography and its associations with anxiety and pain during oral surgery: a preliminary report. Jabur RO, Gonçalves RCG, Faria KW, Semczik IM, Ramacciato JC, Bortoluzzi MC. J Dent Anesth Pain Med. 2021 Apr;21(2):155-165. doi: 10.17245/jdapm.2021.21.2.155. Epub 2021 Mar 31. PMID: 33880408 Free PMC article.

2 (trimus and swelling). A single dose of amoxicillin and dexamethasone for prevention of postoperative complications in third molar surgery: a randomized, double-blind, placebo controlled clinical trial. Bortoluzzi MC, Capella DL, Barbieri T, Pagliarini M, Cavalieri T, Manfro R. J Clin Med Res. 2013 Feb;5(1):26-33. doi: 10.4021/jocmr1160w.

The English in this article is not up to academic standard for publication.

We are not native speakers, but several contributors and coleagues tried to clarify any doubts in the sentences. A rigorous review in language was also done. Nevertheless, whether the manuscript is accepted, and with no greater structural review necessary, a final English review is set to be done again by a native speaker at the end of the process to reduce costs.

You have included outcomes and statistical analyses that are not related to the primary question, such as the association between surgeons characterisation of difficulty and trismus.

Yes. We think that this complement the information. Please note the richness of information. There is a lot more to be explored in near future.