

Peer Review File

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Review Comments

First, we would like to congratulate the authors on their article entitled: “Compliance with preoperative instructions in thoracic surgery: impact of specialized nursing”. It is an interesting paper to read and might give new insights in how to better standardize nursing and pre-operative care for thoracic surgery patients.

Please find our comments below per section.

General

Comment 1: Please get the paper checked by a native English speaker to correct some grammatical errors.

Reply: We have reviewed the grammatical issues of the manuscript.

Changes: Throughout the text

Comment 2: Idea for next paper to include post-operative patient compliance and post-operative outcomes (like infection, pneumonia etc.)

Reply: Thank you very much, we will take the idea into account for future investigations.

Changes: None

Abstract

Comment 3: Consider adding percentages in addition to number of patients to make the differences between the groups more clear.

Reply: Thank you very much, we have added the percentages

Changes: See in text (Results section of the abstract)

Comment 4: Clear and to the point abstract.

Reply: Thank you very much

Changes: None

Introduction

Comment 5: Please state the aim of your study more clearly, what are you using as primary and secondary outcome measures for example?

Reply: Thank you very much, we have clarified the introduction

Changes: See in text (Introduction)

Comment 6: You state that the role of surgery is not defined in pre-operative evaluation and information. Is that the case in your specific institution? In Spain? Or worldwide?

Reply: We do not aim to state that. We aimed to state the role of specialized nurses in preoperative instructions compliance is not well define. Anyway, we have reviewed the introduction section to be more clear.

Changes: See in text (Introduction)

Methods

Comment 7: Why did you choose to have the specialized ERAS nurses follow the patients through the entire course from pre- to post-op, and the control nurses only to see the patients once pre-op?

Reply: The idea of the pilot study was to demonstrate our Hospital managers specialized and ERAS trained nurses were needed in the Thoracic Surgery Department. However, for the study purposes, we only analyzed the preoperative phase of care. This has been clarified in the text.

Changes: See in text (Methods)

Comment 8: One of your ERAS outcome measures is showering with antimicrobial soap, however the ERAS guidelines recommend showering with either normal or antimicrobial soap. Do you have data on which patients took a shower (regular or antimicrobial) and which did not shower at all? Is there a difference between the groups then?

Reply: Thank you very much for your comment. Unfortunately, we don't have these data. Our recommendations specifically included showering with the antimicrobial soap, so we did not take into account other types of soap.

Changes: None

Comment 9: You instruct patients to administer LMWH to themselves at home, however the guideline recommends to start with LMWH prophylaxis upon hospital admission, so you might unnecessarily burden patients with self-administration of LMWH while this is not strictly necessary yet, especially since most VTE events only occur on day 6-7 postoperatively.

Reply: This is another aspect not well clarified in the guidelines, as some hospitals continue to admit the patients the day before and the guidelines only state 'upon admission'. You made an interesting point and we have included it in the discussion section.

Changes: See in text (Discussion)

Results

Comment 10: Might be interesting to see if there are differences between malignant and benign cases? As patient motivation to be well-prepared might be higher in either of those groups.

Reply: Unfortunately, that analysis would be beyond the scope of this investigation and the diagnosis was not included in the analysis database. We thank the reviewer for the suggestion and we will consider it for further investigations

Changes: None

Comment 11: Other than that, clear results section.

Reply: Thank you

Changes: None

Discussion

Comment 12: Would have been interesting to see how LMWH compliance was post-operatively since most VTE-events occur after 6-7 days postoperatively.

Reply: We agree with the reviewer it would be very interesting but as we only evaluated preoperative instructions compliance, that analysis was never considered for our investigation. We thank the reviewer for the suggestion and we will consider it for further investigations

Changes: None

Comment 13: Other than that, clear discussion section.

Reply: Thank you

Changes: None

Conclusion

Comment 14: Clear.

Reply: Thank you

Changes: None