

Review of: "Comprehensive Anaesthesia Management Strategies for Orthognathic Surgical Procedures"

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Potential competing interests: No potential competing interests to declare.

The Authors have done a good job, but it requires some clarifications and revision.

1. The Authors state that "Orthognathic surgery of the maxilla consists of cutting the maxillary bone in a procedure called a Le Fort I Osteotomy, in which the maxillary bone is advanced, retruded, lengthened, shortened, or rotated." However, a contemporary approach to the surgery of dentofacial deformities also includes the implantation of prostheses, either standard or custom-made, fat tissue grafting (lipofilling), and zygomatic surgery (valgization) with orbitomalar osteotomies. Reducing maxillary surgery to just the Le Fort osteotomy seems reductive and outdated. Please review accordingly.
2. Although the sentence "The most commonly performed orthognathic surgery on the mandible is mandibular advancement surgery" is true, not mentioning chin surgery (mentoplasty) of varying complexity (such as classical interforaminal osteotomy or the extended "chin-wing" type) omits an important contemporary aspect of the topic.
3. The anesthetic complexity, also related to the operative times, cannot ignore these details, which significantly affect the duration of anesthesia the patient must undergo. Please review accordingly.
4. "Nasal intubation is not suitable for long procedures because suctioning and ventilation are difficult through the tube owing to its small calibre, shape, and length." It is therefore necessary to specify the impact of this detail on surgical planning: if the surgical program cannot be completed in a single session due to excessively long operative times, is the patient scheduled for a double procedure? To the best of this reviewer's knowledge, this has never happened, so the sentence needs to be corrected. Thank you.
5. The Authors state that "Although, according to the literature, 27% to 30% of patients undergoing bimaxillary osteotomy procedures require allogenic blood transfusions, none of our patients have so far required transfusion; however, haemostasis improves the view of the surgical field, and hence significantly reduces operating time." without, however, specifying the references, which are mandatory for such a statement: please include the references or remove the sentence.
6. The "Conclusion" section seems verbose and reiterates anecdotally what has already been stated in previous paragraphs: the manuscript appears to be a list of important details in the preparation and execution of the intervention but does not provide the reader with a criterion for prioritizing the information collected. It should be organized in a more usable and reasoned manner.
7. The concluding paragraph, "Collaboration between anesthesiologists, surgeons, and other healthcare professionals is essential to optimize the quality of care in orthognathic surgery. Protocols and anticipation of potential issues are key

aspects in achieving excellent outcomes. In summary, comprehensive and careful anesthetic management, along with a multidisciplinary approach and the implementation of preventive protocols, is essential to improve outcomes and expedite recovery in orthognathic surgery," is repetitive and redundant: it should be shortened and revised accordingly.

The requested changes will make the manuscript more robust and appealing to the reader.

Thank you!