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

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Potential competing interests: No potential competing interests to declare.

Hello

Thank you very much for this paper.

A review of the anesthesiological considerations in orthognathic surgery is a very interesting and much-needed topic in current literature.

Review:

Paper title is sound.

Abstract matches the title and key words.

The abstract should include intubation types and methods for tube stabilisation, as well as hypotension during Lefort surgery.

Key words are OK.

Introduction

This chapter is very short.

I would ask the authors to add into the introduction the pre-, intra-, and post-operative most important anesthesiological considerations in just a brief mention, to prepare the reader for what the paper will cover further.

Please improve.

Chapter - Surgical Considerations is adequate.

I would add only the methods of naso-tracheal tube stabilisation techniques and also when and why a submental intubation is an alternative in some surgical cases.

I'm missing any citations in each paragraph - please improve it.

Add information about alternative airway intubation and tube stabilisation in order to maintain proper tube placement, lack of tube bending, and maintain a good and proper nasal cavity shape during Lefort 1 repositioning.

I'm missing any information on a submental intubation, as well as a videolaryngoscopy or an endoscope-assisted intubation in cases of limited mouth opening.

While describing eye safety, compare ointment and gels with drops - what's better?

The throat gauze should have a soft metal attachment to evaluate its position and the possibility to evaluate it in the radiological study - metal contrast.

Throat pack and other gauze - before each surgery finishes, the number/count of used instruments/packs should be checked two times.

Fluid therapy should include intraoperative and postoperative dosage of fluids (1500ml), and also please add and describe what the hemoglobin level (7.5g%<) is to schedule a blood transfusion, and what other agents - like vitamin C, Fe, folic acid - should be also supplemented to improve patients' good healing.

Each surgery longer than 4h> should be considered individually for any Foley catheter placement in order to ensure good diuresis.

In bleeding - describe if tranexamic acid should be used in each surgery?

Please add any information if heparin, like Clexane 0.4 SC, should be given 12h prior to each surgery, or is it just case related?

In order to reduce postoperative vomiting, each patient after surgery, while still under anesthesia, should have their stomach blood contents fully removed, and the lower throat should be evaluated to see if there is any excessive blood accumulation. After surgery, a good suction can remove the excess blood and reduce any vomiting or nausea.

The DVT prophylaxis should include leg raises, additional heparin, and compression stockings - the usage of all three together is not only case-related but also clinic/ward guidelines-related.

Please improve the paper.

Also, I'm missing any information about post-operative pupil evaluation and what if one pupil is dilated?

Secondly, what about severe nasal bleeds? What should an anesthesiologist and surgeon perform?

In acute abdomen patients, this situation is mostly caused by steroids, NSAIDs, and inappropriate medical history evaluation - quite often, after a prolonged orthognathic surgery, it could happen, especially in patients 40+.

In cases where it is necessary to retain the patient with intramaxillary fixation after a procedure, what other precautions for both the anesthesiologist and surgeon should be carried out?

Thank you for an interesting paper.

Please improve the paper in a step-by-step manner.

With regards,