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REVIEWER'S REPORT

Manuscript No.: IJAR-52065 Date: 04-06-2025

Title: Postoperative Pain Relief Following Inguinal Hernioplasty: A Randomized Controlled Trial Comparing Intravenous Ketorolac and Tramadol

Recommendation:
Accept as it is……**YES……**
Accept after minor revision……
Accept after major revision ……
Do not accept (*Reasons below*) ……

Rating	Excel.	Good	Fair	Poor
Originality		√		
Techn. Quality		√		
Clarity		√		
Significance			√	

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)
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Reviewer's Comment / Report

General Overview:
This manuscript presents a clear, well-structured, and clinically relevant randomized controlled trial assessing the efficacy of intravenous ketorolac versus tramadol for postoperative pain relief following inguinal hernioplasty. The study addresses a pertinent issue in perioperative medicine and contributes valuable data regarding opioid-sparing strategies in surgical recovery.

Abstract:
The abstract succinctly summarizes the rationale, methods, results, and conclusions of the study. It clearly outlines the comparative nature of the trial, the analgesics used, outcome measures, and key findings. The clarity of the abstract supports a quick grasp of the study's scope and implications.

Introduction:
The introduction effectively frames the clinical significance of the problem, particularly emphasizing the drawbacks of opioid use and the potential advantages of NSAIDs like ketorolac. The background is

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concise yet informative, drawing upon established literature to support the study rationale. The contrast between tramadol's side effects and ketorolac's benefits is logically developed.

Methods:

- The study design is appropriate for the research question: a prospective, randomized, double-blinded trial enhances internal validity.
- The sample size of 60 patients is acceptable for preliminary comparative analysis.
- Clear details are provided about patient allocation, drug dosages, administration intervals, and outcome assessments.
- Use of the Visual Analog Scale (VAS) at specified postoperative intervals is a standard and validated measure of pain.
- Secondary outcomes, including time to rescue analgesia, ambulation, and bowel function return, are well-chosen to reflect recovery quality.

Results:

- The findings are concisely presented, showing a consistent trend of lower VAS scores in the ketorolac group.
- Statistical significance is reported appropriately ($p < 0.05$).
- Additional observations on faster ambulation and bowel function recovery align with expectations from NSAID use.
- Hemodynamic stability being maintained in both groups adds reassurance regarding safety profiles.

Discussion and Conclusion:

- The conclusion aligns with the study findings, reinforcing ketorolac's superiority in pain management and recovery facilitation.
- The conclusion underscores the clinical relevance of opioid-sparing regimens and supports ketorolac as an effective alternative in hernioplasty patients.

Language and Style:

- The manuscript maintains a professional and scientific tone throughout.
- Terminology is precise, and the writing is grammatically sound and free of ambiguity.
- The structure follows conventional research reporting formats, enhancing readability and coherence.

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Overall Assessment:
This study is a well-executed clinical trial that contributes meaningful evidence to the field of postoperative pain management. The comparison between ketorolac and tramadol is timely and practically relevant. The methodology is rigorous, and the outcomes are clearly reported. The paper offers valuable insights for clinicians seeking to optimize pain control while minimizing opioid-related side effects.