

## REVIEWER'S REPORT

Manuscript No.: IJAR-52332

Date: 17/06/2025

Title: Postoperative Outcomes and Intensive Care Management Following Cephalic Duodenopancreatectomy

### Recommendation:

- ✓ Accept as it is .....
- Accept after minor revision.....
- Accept after major revision .....
- Do not accept (*Reasons below*) .....

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

Reviewer Name: Dr. S. K. Nath

Date: 18/06/2025

### Reviewer's Comment for Publication:

The study highlights that Cephalic Duodenopancreatectomy remains a high-risk but essential surgical intervention for pancreatic and periampullary tumors. Despite significant advances, postoperative complications such as pancreatic fistula, hemorrhage, and renal injury continue to pose major challenges. The authors emphasize that effective perioperative management, vigilant ICU care, and multidisciplinary collaboration are crucial to improving patient outcomes and reducing mortality. They advocate for continued efforts to refine surgical techniques and perioperative protocols and call for future prospective studies with larger sample sizes to better understand risk factors and optimize care pathways.

Overall, this paper provides valuable real-world data and reinforces the importance of comprehensive perioperative management in high-volume centers performing CDP. However, its small, retrospective nature limits broad applicability, and further research is needed to establish standardized, evidence-based protocols.

### Reviewer's Comment / Report

#### Strengths of the Study:

- Focus on a High-Risk Procedure:** The paper addresses CDP, a complex and technically demanding surgery with historically high morbidity and mortality, providing valuable insights into current management and outcomes.
- Retrospective Analysis with Clear Data:** Data from 30 patients over four years, including demographic details, clinical presentations, perioperative management, and postoperative complications, offers structured and relevant information.
- Multidisciplinary Approach Emphasis:** The study underscores the importance of multidisciplinary collaboration—including surgeons, anesthesiologists, intensivists, and nursing staff—in improving patient outcomes.
- Identifies Key Complications and Causes of Mortality:** The paper highlights critical postoperative issues such as pancreatic fistula, hemorrhage, and kidney injury, with a detailed account of their incidence, contributing to better awareness and management.
- Focus on ICU Management:** It emphasizes the role of vigilant ICU monitoring and early intervention in reducing morbidity and mortality, which is essential for high-risk surgeries like CDP.

#### Weaknesses and Limitations:

- Small Sample Size:** The study involves only 30 patients, limiting the statistical power and generalizability of the findings to broader populations or different settings.

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2. **Retrospective Design:** This design is prone to biases, missing data, and cannot establish causality between management strategies and outcomes.
3. **Limited Details on Surgical and Perioperative Techniques:** The pages provide minimal specifics about surgical approaches, perioperative protocols, or advancements that might influence outcomes.
4. **Lack of Control Group or Comparative Data:** There's no comparison with other institutions, surgical techniques, or care pathways, which would help contextualize the results.
5. **Potential Selection Bias:** Patients were all from a single hospital, possibly at a high-volume center with specialized expertise, thus not reflecting outcomes in less specialized settings.
6. **Absence of Long-Term Outcomes:** The focus is predominantly on immediate postoperative complications and ICU stay; long-term survival or quality of life data are not discussed.