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REVIEWER□S REPORT

Manuscript No.: IJAR-53792 **Date: 12/09/2025**

Title: Optimizing Intraoperative Fluid Management: Evidence from a Three-Arm Trial of Crystalloids and Colloids in Abdominal Surgery

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: Sakshi Jaju **Date:** 12/09/2025

Reviewer□s Comment for Publication.

This randomized controlled trial compared three fluid regimens in major abdominal surgery: Ringer's lactate (RL), RL with 6% hetastarch (HS-RL), and RL with 6% tetrastarch (TS-RL). A total of 120 patients were divided equally among the groups.

Results showed that colloid groups required less fluid, had earlier bowel recovery, ambulation, oral intake, and shorter ICU and hospital stays. There were no major differences in renal injury, complications, or mortality.

Strengths:

1. Randomized, double-blind design improves reliability.
2. Comprehensive assessment: recovery time, complications, ICU stay, and fluid balance.
3. Practical clinical relevance for surgical fluid therapy.

Weaknesses:

1. Single-center study with a modest sample size.
2. Only synthetic starch colloids studied, so results may not apply to gelatin/albumin.
3. Follow-up limited to 30 days; long-term outcomes unknown.

Overall Assessment:

The study suggests that adding balanced colloids to crystalloids speeds up recovery after major abdominal surgery without extra risks. Larger multicenter studies with longer follow-up are recommended to confirm findings.

Recommendation:

Manuscript accepted for the publication.