Date: Apr 04, 2019
To: "James L. Whiteside" [redacted]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-387

RE: Manuscript Number ONG-19-387

Abdominal Wall Pain: Clinical Conundrums Persistent Abdominal Pain Two-Years Post-Cesarean Delivery

Dear Dr. Whiteside:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 14 days from the date of this letter. If we have not heard from you by Apr 18, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This short paper presents an approach to pain due to nerve entrapment after cesarean section. The discussion seems most suited to Pfannensteil incision without consideration of other transverse or vertical incisions. There is inadequate attention to pain associated with depression or pain processing disorders, which can be associated with trauma, including surgical trauma. The authors also might consider whether incisional hernia diagnosis and management should be discussed.

Reviewer #2: Sax and Whiteside present a clinical conundrum of persistent abdominal pain after cesarean delivery. The report describes a challenging clinical scenario that is not infrequent. Comments for the authors:

1. Would be helpful to have a bit more on the evaluation. Should all patients undergo imaging to rule out visceral pain? Are there any imaging modalities or other tests that can identify neuropathic pain?

2. Distinguishing abdominal wall pain from pain due to adhesive disease is often problem. Any comments on the two etiologies?

3. A bit more discussion of the etiology of abdominal wall pain would be helpful-incidence after midline or transverse incision, different nerve distributions and pain syndrome.

4. A diagram displaying nerves at risk for entrapment would be helpful.

5. Are the terms abdominal wall pain and nerve entrapment pain equivalent in this review? Is all abdominal wall pain due to nerve entrapment. This should be clarified.

6. A bit more detail on treatment would be helpful. Does one injection of anesthestics result in long term benefit? What is response rate and how frequently are infections needed?

7. Line 54 "direct surgical damage".

8. Line 82 86% of patients "with" psychogenic.

9. Line 90 typographical errors.

Reviewer #3: This is a clinical conundrum manuscript that highlights the often misdiagnosed problem of abdominal wall pain and offers recommendations for evaluation of chronic abdominal pain and treatment with trigger point injection.

1. Lines 46-48, would recommend using more robust statistics to highlight the magnitude of this problem, ie. How many people are affected? What are the costs of evaluation? What other diagnoses are included in the differential? Are their common characteristics among patient with abdominal wall pain? Common ages of diagnosis?

2. Line 58, recommend expanding word "identification" to something like "evaluation and identification of common etiologies for"

3. Line 68, expand on the comprehensive history - any alarm symptoms, work history, recreational activities? Identify possible modifiable activities.

4. Lines 72-75, the sentence detailing how to perform Carnett's test is cumbersome to read through and understand. Would recommend reworking this and breaking it up into steps. Discuss that the most sensitive area should be identified with palpation, then while palpating ask patient to flex abdominal musculature.

5. Within this paragraph - lines 67-76, recommend discussing that area of focalized pain is often located near prior scar in those with abdominal wall pain

6. In line 79, discuss other etiologies for abdominal wall pain, such as abdominal wall endometriosis

7. In line 80, recommend discussing how to rule out hernia and abdominal wall endometriosis

8. In line 85, discuss which activities may exacerbate abdominal wall pain

9. Lines 98-100, recommend rewording sentence about how TPI are efficacious so readers can better understand use of anesthetic vs anesthetic + corticosteroid

10. Line 105, what about the risks of injection into wrong area if not using US guidance - such as in obese patients?

11. Line 111, referring clinicians from where and to whom?

12. Lines 111-114, recommend rewording sentence "unique position 'to evaluate and treat women with chronic abdominal pain due to nerve entrapment from prior abdominal surgery where' the Pfannenstiel "

Reviewer #4: I appreciate your presentation of the diagnosis and treatment of chronic neuropathic pain after abdominal surgery.

1. What period of time do you feel should pass before you consider this a chronic process?

2. You describe TPI as providing up to 3 months of relief. Would this procedure best be performed by a pain management specialist?

3. Do you feel that a surgical wound revision would provide relief as well?

EDITOR COMMENTS:

1. Note from the Editorial Office: The peer review of the submission took longer than normal, due to an additional review being requested. In order to make the July 2019 issue as planned, we are asking you to return your revision within 14 days (as opposed to the usual 21 days). If this is going to be an issue, please contact Randi Zung (rzung@greenjournal.org).

2. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we

will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

a. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
b. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. In order to use Figures 1 and 2, you will need to obtain permission from the copyright holders of each figure (this is often the publisher, and not the author). The permission letter that you obtain must state that you are being granted permission for print AND electronic use.

Permission is also required for material that has been adapted or modified from another source. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information.

5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

6. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

9. When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

10. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at http://edmgr.ovid.com/acd/accounts/ifauth.htm.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

11. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 14 days from the date of this letter. If we have not heard from you by Apr 18, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

_____

UNIVERSITY OF Cincinnati

[redacted]

Cover Letter

April 12, 2019

Re: Revision of Manuscript "Abdominal Wall Pain: Clinical Conundrum. Persistent abdominal pain two-years post-cesarean delivery"

The Editors
Obstetrics & Gynecology
4019 12th Street, SW
Washington, DC 20024-2188

Dear Editors: On behalf of my co-author, I am pleased to submit the revised manuscript "Persistent abdominal pain two-years post-cesarean delivery," for consideration for publication as a Clinical Conundrums in Obstetrics & Gynecology. Both authors participated actively in preparing and revising the manuscript. Neither author has a relevant financial or other conflict of interest.

In regards to the reviewers' comments, please note our responses to each comment below as well as track changes within the manuscript, as requested. Thank you.

Sincerely,

James L. Whiteside, MD

[redacted]

Reviewer#1: *This short paper presents an approach to pain due to nerve entrapment after cesarean section. The discussion seems most suited to Pfannenstiel incision without consideration of other transverse or vertical incisions. There is inadequate attention to pain associated with depression or pain processing disorders, which can be associated with trauma, including surgical trauma. The authors also might consider whether incisional hernia diagnosis and management should be discussed.*

- Predisposition to developing neuropathic abdominal wall pain following Pfannenstiel incision is illustrated by figure 1.
- Psychogenic abdominal pain is addressed in 174-276.
- Lines 167-171. Diagnosis of incisional hernia by ultrasound is now included in "How should the patient be evaluated?"

Reviewer#2: *Sax and Whiteside present a clinical conundrum of persistent abdominal pain after cesarean delivery. The report describes a challenging clinical scenario that is not infrequent. Comments for the authors:*

1. Would be helpful to have a bit more on the evaluation. Should all patients undergo imaging to rule out visceral pain? Are there any imaging modalities or other tests that can identify neuropathic pain?

- Lines 119-124. Recommendations regarding when to obtain imaging, lab tests (and which specific modalities and tests) was added in second paragraph under "How should the patient be evaluated?"

2. Distinguishing abdominal wall pain from pain due to adhesive disease is often problem. Any comments on the two etiologies?

- Adhesive disease is intraabdominal thus adhesive disease should not have a positive Carnett sign nor should there be any response to a directed nerve block.

3. A bit more discussion of the etiology of abdominal wall pain would be helpful-incidence after midline or transverse incision, different nerve distributions and pain syndrome.

Addressed in line 60 and further illustrated by Figure 1.

4. A diagram displaying nerves at risk for entrapment would be helpful.

- To address Reviewer#2's suggestion #3&4: A new figure (figure 1) has been added in place of the previous figures in order to illustrate these nerve distributions. Permission to use this image was requested from the American Journal of Obstetrics and Gynecology.

5. Are the terms abdominal wall pain and nerve entrapment pain equivalent in this review? Is all abdominal wall pain due to nerve entrapment? This should be clarified.

- The terms are not necessarily equivalent, thank you for bringing this to our attention. We have expanded upon this definition in the last two paragraphs under "The conundrum" and now

consistently referred to this type of pain in the manuscript instead as “neuropathic abdominal wall pain.”

6. A bit more detail on treatment would be helpful. Does one injection of anesthetics result in long term benefit? What is response rate and how frequently are injections needed?

- Response rate and recommendation for referral for surgical neurectomy now include in “What is a reasonable course of action?”

7. Line 54 "direct surgical damage".

- Correction completed.

8. Line 82 86% of patients "with" psychogenic.

- Correction completed.

9. Line 90 typographical errors.

- Correction completed.

Reviewer#3: *This is a clinical conundrum manuscript that highlights the often misdiagnosed problem of abdominal wall pain and offers recommendations for evaluation of chronic abdominal pain and treatment with trigger point injection.*

1. Lines 46-48, would recommend using more robust statistics to highlight the magnitude of this problem, i.e. How many people are affected? What are the costs of evaluation? What other diagnoses are included in the differential? Are their common characteristics among patient with abdominal wall pain? Common ages of diagnosis?

- Statistics including prevalence and cost estimates now included under “The conundrum.”
- Common characteristics of patients with neuropathic abdominal wall pain are now included in first paragraph under “How should the patient be evaluated?” (Line 134-155). However, there has been no age group identified as increased risk of abdominal wall pain in the articles and studies cited.

2. Line 58, recommend expanding word "identification" to something like "evaluation and identification of common etiologies for"

- Correction completed.

3. Line 68, expand on the comprehensive history - any alarm symptoms, work history, recreational activities? Identify possible modifiable activities.

- Additional information provided in the paragraphs under “How should the patient be evaluated?”

4. Lines 72-75, the sentence detailing how to perform Carnett's test is cumbersome to read through and understand. Would recommend reworking this and breaking it up into steps. Discuss that the most sensitive area should be identified with palpation, then while palpating ask patient to flex abdominal musculature.

- Correction completed.

5. Within this paragraph - lines 67-76, recommend discussing that area of focalized pain is often located near prior scar in those with abdominal wall pain

- Now elaborated in paragraph #2 under "The conundrum."

6. In line 79, discuss other etiologies for abdominal wall pain, such as abdominal wall endometriosis

- Alternative etiologies including endometriosis/hernia are now included under "How should the patient be evaluated?"

7. In line 80, recommend discussing how to rule out hernia and abdominal wall endometriosis

- Investigation for hernia and incisional endometriosis now included in "How should the patient be evaluated?"

8. In line 85, discuss which activities may exacerbate abdominal wall pain

- Activities exacerbating abdominal wall pain are now included under, "How should the patient be evaluated?"

9. Lines 98-100, recommend rewording sentence about how TPI are efficacious so readers can better understand use of anesthetic vs anesthetic + corticosteroid

- Direct comparison statistics now included (50-77% for anesthetic only vs. 70-99% for anesthetic + corticosteroid) under "What is the evidence to counsel your patient?"

10. Line 105, what about the risks of injection into wrong area if not using US guidance - such as in obese patients?

Line 262, included under "What is the evidence to counsel your patient?" Note intraabdominal instillation of bupivacaine has been used in the past as a therapy for ileus-related pain.

11. Line 111, referring clinicians from where and to whom? Lines 111-114, recommend rewording sentence "unique position 'to evaluate and treat women with chronic abdominal pain due to nerve entrapment from prior abdominal surgery where' the Pfannenstiel"

- This sentence has been reworded for clarification.

Reviewer#4: *I appreciate your presentation of the diagnosis and treatment of chronic neuropathic pain after abdominal surgery.*

1. What period of time do you feel should pass before you consider this a chronic process?

- The question is not entirely clear. The definition of chronic pain is somewhat variable but with respect to time often a duration of 6 months is cited. If the question is over what time period does abdominal wall pain become chronic, that is that it is not a self-limited acute process associated with some insult, that is not defined to our knowledge. If the question is over what period of time does a pain become "centralized", that is the pain is no longer based on activity of a peripheral nerve, this too is not clear although it is generally believed addressing a pain sooner than later averts this possibility.

2. You describe TPI as providing up to 3 months of relief. Would this procedure best be performed by a pain management specialist?

- Abdominal nerve blocks are not difficult procedures to perform assuming a physician is properly trained and comfortable with the anatomy in the appropriate clinical context. Trigger point injection and ilioinguinal neurectomies are described and performed by sub-specialist gynecologists in the literature.

3. Do you feel that a surgical wound revision would provide relief as well?

- Line 238-239. There is no anatomic basis to expect a surgical wound revision would help abdominal wall pain and we are unable to find evidence to support surgical wound revision. This is now stated under, "What is a reasonable course of action?"

Editor Comments: *1. Note from the Editorial Office: The peer review of the submission took longer than normal, due to an additional review being requested. In order to make the July 2019 issue as planned, we are asking you to return your revision within 14 days (as opposed to the usual 21 days). If this is going to be an issue, please contact Randi Zung (rzung@greenjournal.org).*

2. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

a. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

b. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

Response: we would select option "a."

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. In order to use Figures 1 and 2, you will need to obtain permission from the copyright holders of each figure (this is often the publisher, and not the author). The permission letter that you obtain must state that you are being granted permission for print AND electronic use.

Permission is also required for material that has been adapted or modified from another source. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information.

- We removed the previous figures 1 & 2 submitted in the original manuscript (figure 1: anterior cutaneous nerve trajectory in the abdominal wall musculature, and figure 2: an algorithm for treating abdominal pain in patients with a positive Carnett Test) and instead use an image of the anterior abdominal wall depicting ilioinguinal and iliohypogastric sensory nerve distribution in relation to incisions and trocar insertion sites. Permission to use this image was requested from American Journal of Obstetrics & Gynecology.

5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

- Definitions reviewed, no alterations required.

6. Provide a short title of no more than 45 characters, including spaces, for use as a running foot.

- Short title: “Abdominal wall pain”

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

- All abbreviations not included on this list are now spelled out.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

- Neither symbol nor phrase is included in our manuscript.

9. When you submit your revision, art saved in a digital format should accompany it. Please upload each figure as a separate file to Editorial Manager (do not embed the figure in your manuscript file).

- Figure 1 was uploaded separately with caption included.

10. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at http://edmgr.ovid.com/acd/accounts/ifauth.htm.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

- We do not wish to publish manuscript as open access.

11. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

- Completed.

From: [redacted]
To: Randi Zung
Subject: Re: Your Revised Manuscript 19-387R1
Date: Saturday, April 20, 2019 9:50:43 AM
Attachments: ConundrumV3.docx

Here is the revision w/ replies in the text and below. Attached is my copy of the figure (see reply for more detail).

Thanks.

Jim

From: Randi Zung <RZung@greenjournal.org>
Date: Friday, April 19, 2019 at 8:53 AM
To: "Whiteside, James (whitesje)" [redacted]
Subject: Your Revised Manuscript 19-387R1

Dear Dr. Whiteside:

Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. **Please track your changes and leave the ones made by the Editorial Office.** Please also note your responses to the author queries in your email message back to me.

1. General: The Editor has made edits to the manuscript using track changes. Please review them to make sure they are correct.

Agree w/ edits.

2. Line 54: I am uncertain what you mean by the sentence starting on line 52. "The prevalence…"do you mean.."but estimates have ranged that from 5-67% of patients referred to subspecialists are for abdominal pain". This is a rather astonishing report. Is this any subspecialist across medicine (I doubt it—given the ## of subspecialists [thinking cardiology, pulmonology, vascular surgery…..) or do you mean in Ob GYN? I also have trouble with this. Up to 67% of patient referred to MFM, REI, URO GYN, GYN Onc, Family Planning are for abdominal pain???? Please relook at your reference 2 and make sure this is what they say. It looks like they are talking about people referred to pain specialists, which makes the most sense, but there are 3 references for that statement. I do think you need to be much clearer about this statement.

The Shian article does say 5 to 67% and cites 3 articles that seem to be referring to gastroenterologist, pain specialists, and ob/gyn (does not specify whether they are generalists vs urogyn, etc). In the text the statement has been clarified to, "The prevalence of neuropathic abdominal wall pain is incompletely understood; however, referral rates to gastroenterologists,

obstetrician-gynecologists, and pain specialists for this condition range from 5% to 67%.

3. Line 56: Where is reference 3 cited? References should be cited in order at first mention.

Fixed

4. Line 57: Is this any inclusive of any abdominal wall pain or only those with prior surgery (that nerve entrapment is the most common cause)…ie, in people without prior surgery, it clearly wouldn't be at the top of the list…

The sentence should have been started instead as: "Neuropathic abdominal wall pain..." as that is the pain referred to in reference #2, and is the most common cause of pain of this nature according to this reference.

5. Line 137: I am sorry, but I don't understand the sentence starting on line 135. With "although intraabdominal administration…." What are you trying to say? It's not "efficient" to give these drugs? How is efficiency measured?

This sentence has been revised to read, "Although intraabdominal administration of an anesthetic with or without corticosteroid is not anticipated to appreciably increase the known risks associated with these medications, it would be ineffective." Hopefully, this is more clear.

6. Line 139: Is this "7" a citation?

Fixed

7. Line 143: Instead of "suspected in only a third…." Perhaps "suspected by only a third…."

Agree.

8. Figure 1: Please add the legend here. You mention that the figure is from the Cleveland Clinic. If they are the copyright holders, we would need permission from them as well. Is it possible for you to provide a high resolution file of the figure?

Added – basically revised the legend from the original paper. I included my copy of that figure that I gave AJOG years ago. It doesn't have the CCF logo on it and I don't recall where in the process it was added b/c none of the copies I have are so labelled.

To facilitate the review process, we would appreciate receiving a response by April 23. I will be out of the office on April 22.

Best,
Randi Zung

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Randi Zung (Ms.)
Editorial Administrator | *Obstetrics & Gynecology*
The American College of Obstetricians and Gynecologists
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Washington, DC 20024-2188
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