

Review Form 1.6

Journal Name:	Journal of Complementary and Alternative Medical Research
Manuscript Number:	Ms_JOCAMR_93858
Title of the Manuscript:	Overview of Evaluation of Prophylactic Antibiotics in Surgical Patients with Hernia Cases at a Private Hospital in South Tangerang Period 2019–2020
Type of the Article	Review

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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Review Form 1.6

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p>	<ul style="list-style-type: none"> • ALL CHANGES MUST BE HIGHLIGHTED IN THE TEXT OR TRACK CHANGED. • The manuscript language needs further care. • The paragraphing is confusing due to many paragraphs. Please merge paragraphs when possible. • The country of study must be addressed in the title as well as the body text. • The following statement “The treatment for hernias is surgery” must be modified to “The treatment for hernias is mostly/usually surgery” or “The most effective treatment of hernias includes surgery” because there are other treatment protocols for mild cases of hernias. • Avoid repetition so the following paragraph for example should be shortened: “Giving prophylactic antibiotics to patients must be based on established written guidelines or guidelines. Regulation of the Minister of Health (Permenkes) RI No. 2406 of 2016 concerning General Guidelines for the Use of Antibiotics was used wisely in optimizing antibiotic use in surgery [8]. Guidelines for the benefit of prophylactic antibiotics have several criteria, namely whether prophylactic antibiotics are needed, the type of prophylaxis required, the number of doses, and the route of administration when to take antibiotics. The doctor will give antibiotic administration as well as the duration of antibiotic administration at the time before the operation begins [9]. The doctor's adherence to these guidelines or guidelines is essential so that the use of prophylactic antibiotics is optimal and there is no resistance to pathogenic organisms. Although the policies on the use of prophylactic antibiotics have been established, there are several studies conducted in hospitals that found inappropriate prophylactic antibiotic administration in several diseases, and the inaccuracy of prophylactic antibiotic administration could reach 40-62% [10].” • Almost all of the following paragraphs are unnecessary and must be deleted: “The body's response when pathogenic microorganisms enter and colonize the body is called inflammation. The inflammatory reaction can be divided into two, namely, acute inflammation and chronic inflammation. The difference between acute and chronic inflammation is the length of time it occurs. Acute inflammation can last from a few minutes to a few days, while chronic inflammation can occur from days to years. The process of inflammation begins when there is trauma to the skin, which causes microorganisms to enter the skin and colonize the wound site. The body's first line of defense comes from macrophages already in the area around the wound. Macrophages will phagocytize microorganisms; this defense occurs during the first few hours. Resident macrophages will secrete chemotaxis and cytokines as an immune response. After the invasion of microorganisms, the blood vessels at the site of attack will experience dilation. Dilated blood vessels can be arteries and capillaries. The widening of the blood vessels is also known as vasodilation. It is caused by histamine released by mast cells in damaged tissue. The dilation of the capillaries can cause plasma proteins to leave the blood and enter the wound tissue, which can cause an increase in the colloid osmotic pressure of the interstitial fluid and capillary blood pressure. Changes in colloid osmotic pressure and capillary blood pressure can cause local fluid balance shifts or local edema. The local edema or swelling that usually accompanies inflammation is caused by histamine. Redness and warmth in the area of inflammation are typically caused by increased blood flow to the injured area. In addition, pain is caused by the area of the wound experiencing swelling. Then the characteristics of inflammation are swelling, redness, heat, and pain. After histamine causes an increase in blood vessel dilation, blood clotting factors are formed from the leaking proteins. These blood clotting factors will prevent or slow the spread of bacteria and other disease-causing factors. Then when there are blood clotting factors, the wound area will be filled with leukocytes that have left the blood vessels. The leukocytes are neutrophils and monocytes. Chemotaxis attracts monocytes and neutrophils to migrate to the site of infection. Monocytes will experience enlargement to become macrophages, so macrophages and pathogens will destroy microorganisms. While phagocytic agents will destroy microorganisms, phagocytic agents will mark between normal cells and foreign cells. Because if you don't mark normal or foreign cells, it can cause cells to destroy all materials in the body and cause autoimmune. Substances from within the body that make bacteria more susceptible are opsonins. When destroying these foreign microorganisms, some chemicals mediate the inflammatory response. Leukocytes, namely cytokines, will secrete all chemical mediators other than antibodies. Macrophages, 	

Review Form 1.6

	<p>monocytes, neutrophils, T cells, especially helper T cells, and some non-immune cells are secreted by cytokines. There are other critical chemical compounds released by macrophages, such as interleukin 1 (IL-1), interleukin 6 (IL-6), and tumor necrosis factor (TNF), that are prepared to help the body fight infection or tissue damage. The end of the inflammatory process is to isolate and destroy the cause of tissue damage and repair the tissue [16].”</p> <ul style="list-style-type: none">• The following sentence is repetitive and must be removed from the text: “Organisms that cause SSI are mostly caused by normal skin flora, namely <i>Staphylococcus aureus</i>, coagulase-negative <i>Staphylococcus</i> (such as <i>Staphylococcus epidermidis</i>), <i>Pseudomonas</i> sp., and <i>Escherichia coli</i>”.• All genera and species must be written in <i>italic</i> form.• The following statement is not correct because there are commensal and pathogenic <i>E. coli</i> strains: “However, <i>Escherichia coli</i> is a good bacterium that lives in the human intestine and has many essential roles.”• The following paragraph seems unnecessary: “During the operation, the doctor will use incise drapes which can attach the skin at the incision site, and apply antiseptic to the operating area. The patient’s condition to remain normal during the operation must also be maintained by maintaining the patient’s blood pressure, heart rate, respiration, blood sugar, and body temperature. Cold operating room temperatures can trigger hypothermia, so to prevent this situation, several methods are used to warm the patient’s body. These methods are forced-air warming systems, water bed systems, and passive warming like blankets. Irrigating the wound and rinsing the patient’s hollow organs, such as the stomach and intestines, with antiseptic, cleaning the incision wound with a topical antiseptic before closing the wound, choosing the right wound closure, and using a surgical wound dressing.”• Almost all of the following paragraphs are unnecessary and must be deleted: “The etiology of each hernia can be different or the same depending on its location and nature. Inguinal hernias can occur because of the time in the womb or acquired. Inguinal hernias are more common in men than women. It can be caused by the shape of the hernia entrance, namely the internal annulus, which is wide enough in men to make the hernia sac and contents come out. There are other causes, such as the contraction of m. transversus abdominis. The stretching of the crura of the internal ring, iliopubic tract, and transversalis fascia thickens when the muscle contracts causing the ring to close like a sphincter (Shutter Mechanism). When this happens, m. obliques-external stretches to form the anterior wall of the inguinal canal and compress the internal ring on the weakened posterior wall. In addition, inguinal hernias, such as ventral hernias, can occur due to acquired or congenital abnormalities. In acquired abnormalities, the tissue in the abdominal wall will experience microscopic tears due to increased intra-abdominal pressure. Conditions that can cause increased intra-abdominal pressure include constipation, labor, excessive coughing, or repeated vomiting. While the congenital ventral hernia, hernia defects occur from birth, and with increasing age, the defect can enlarge. There are several clinical manifestations of hernia [37]: a) Hernia is a lump in and out or hard, and a lump can be seen in the groin; b) There is a pain in the protrusion area if the contents occur accompanied by a feeling of nausea; c) Nausea and vomiting or distension become one of the symptoms if there are complications; d) If the patient has a strangulated inguinal hernia, there will be increased pain and signs of inflammation in the skin; e) In a small femoral hernia there will be a bladder wall that can cause pain when urinating (dysuria) accompanied by hematuria next to a lump on the inside of the thigh; f) Diaphragmatic hernia will cause pain in the abdominal area accompanied by shortness of breath; g) Coughing can make the hernia lump get bigger. Conservative action is to reposition to maintain the contents of the hernia and use a buffer or support. However, with the use of conservative therapy, relapse can occur. Conservative measures consist of repositioning, injections, hernia belts, and surgery. There are three types of hernia surgery: herniotomy, herniorrhaphy, and hernioplasty.• The following two paragraphs must be merged and shortened: “Criteria for the use of antibiotics in surgery, namely: the right indication, the right type of antibiotic, the right dose, the right route of administration, the right time of administration, and the right duration of administration. In one of the studies on orthopedic surgery, prophylactic antibiotics were often given before surgery. The results of previous studies have shown that the rationality of the use of prophylactic antibiotics to obtain the results of the analysis of the accuracy of the use of antibiotics is the right indication for antibiotic administration (100%), the right patient receiving antibiotics (100%), the right type and class of drug (94.63%), the right dose was given (94.63%), duration of administration before surgery (100%) so that rationality was obtained (94.63%). The rationale for using prophylactic antibiotics has a specific goal, namely, to reduce inaccuracies in the use of antibiotics. It is done to minimize the consequences of the misuse of prophylactic antibiotics. One of the risks of using	
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Review Form 1.6

	<p>prophylactic antibiotics is a penicillin allergy. Penicillins and cephalosporins are often the basic prophylactic antibiotics used. If this has been incorrectly associated with patients with penicillin allergy, the management will be less than optimal. The things that are important in looking at the allergic reaction are signs, symptoms, severity, previous reactions, time of occurrence of allergies, proximity to temporal and routes used in other drugs, other drugs consumed, and side effects. Patients with penicillin allergy are included in the type 1 hypersensitivity reaction, which is the type that causes allergies caused by antibiotic-specific IgE antibodies as mediators. Clinical symptoms resulting in type 1 hypersensitivity are anaphylaxis, urticaria, angioedema, bronchospasm, and hypotension. The allergic reaction may occur <72 hours after exposure [38]."</p> <ul style="list-style-type: none"> • In Research Method, all tenses must be changed to past tense, using passive form. • Research Method includes multiple repetitive sentences, which must be merged to a small paragraph. • Tables are not referred in the text! • Tables 1 and 2 are not necessary because their information are stated in the text. • Tables 4 and 5 are unnecessary because their information are addressed in the text. • In Result and Discussion, other studies must be appropriately referenced. • All national and international regulations must be listed in the References section. • In Table 7, dosage must be addressed daily/totally etc. • In Table 8, prophylaxis protocols after the surgery are unnecessary to show because all were not used. • Table 9 is not necessary because its information are stated in the text. • The total number of references in the final version must not exceed 30, including those have not already added (references in Discussion). 	
Minor REVISION comments		
Optional/General comments		

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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