NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

*The corresponding author has opted to make this information publicly available.

Personal or nonessential information may be redacted at the editor’s discretion.

Questions about these materials may be directed to the Obstetrics & Gynecology editorial office: obgyn@greenjournal.org.
RE: Manuscript Number ONG-19-953

Medical Adhesive Related Skin Injuries (MARSI) in Obstetrics and Gynecology

Dear Dr. cherry:

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 21 days from the date of this letter. If we have not heard from you by Jul 08, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Authors described a technique for surgical adhesive tape removal that may prevent adhesive related injuries.

1. Title should be modified to reflect the content of the article- as written, it leads the reader to believe the article is about reported cases (as in a database) of medical adhesive injuries. It could be as simple as "Surgical Adhesive Tape Removal Technique"

2. Authors make a number of categorical statements without any citations and one in particular can be considered offensive without appropriate citation and modification ("African Americans have more rigid skin"- line 83). Additional statements that need appropriate citations include:
   a. Line 56 (rarity of training)
   b. Lines 128-130 (Most OBs are unaware..)
   c. Lines 144-145 (incidence of non-allergic dermatitis)

3. Some statements need to be heavily modified to temper assertions that may read as strong personal opinions:
   a. Lines 56-58 can be edited to simply reflect the potential harm improper technique from lack of training may cause- without making sweeping statements about training and practice
   b. Line 62; please remove "in the present medical-legal climate"- as it is unnecessary. We all should be doing the right things that assure patients safety without legal threats.
   c. Lines 132-134; please modify or remove entirely- unless you have credible data to back it up.

4. VIDEO; please make appropriate modifications to the first 2 slides of the video to reflect your response to #2.

Reviewer #2: ONG 19- 933 Medical Adhesive Related Skin Injuries (MARSI) in Obstetrics and Gynecology

Article Type: Procedures and Instruments

Thank you for the opportunity to review this interesting and well written manuscript. This "procedures and instrument"
manuscript highlights lack of attention to proper surgical bandage removal.

Introduction:
* The introduction highlights that most OB/GYN residents and faculty never receive instruction on proper, non-traumatic removal of surgical bandages.
* The authors highlight that this is an under-reported complication. Are there current estimates for number of injuries? Cost of these injuries? Are there litigation cases resulting from this type of injury? I would recommend including citations and description of legal case(s) for these claims. From reviewing McNichol et al, cited in this paper, epidemiological studies on MARSI are available and should be reviewed here.
* On the second page, the authors note that African American may be more susceptible to this type of injury. I’d recommend a citation to support this claim.

Technique:
* The video and figures are helpful for demonstration of proper technique.
* Resolution of figure 2 is a bit unclear.

Experience:
* Are there patient satisfaction surveys to support these claims from the author’s institution? From other institutions. I would recommend highlighting this data in this section.

Discussion
* The authors mention ligation multiple times including in first paragraph of discussion. I would strongly suggest reviewing those cases here.
* The authors suggest that very commonly used techniques, including pressure dressing and tackifiers, are potentially causing widespread injury. The data to support these claims should be discussed in this manuscript in order to support the claim that virtually every OB/GYN in the US should change their approach.

Overall: The authors present an excellent visual presentation of proper technique of removing bandages and reflects the consensus statement references in this manuscript. I strongly suggest that the authors lay out the data for injury to the OB/GYN audience to strengthen this manuscript and potentially increase update in proper technique.

Reviewer #3: It is a short communication about the proper technique in removing surgical dressings in order to avoided Medical Adhesive Related Skin Injuries (MARSI). It is rare for OB/GYN residents and staff to receive training for this. The Authors concluded the fact that using a proper technique when removing adhesive dressings can reduce the incidence of skin injury. An educational video was made summarizing key learning points. Using a clearly defined classification of MARSI this manuscript is very well written, very well organized, concise and very clear. Pre- and postoperative tips following surgery can be used in order to reduce skin complications. It can result in delayed healing, increased healthcare costs, pain and medical malpractice claims.

EDITOR COMMENTS:
1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

***The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.***

- The discussion doesn't minimize these issues. This should be rephrased as: "The proper technique for the removal of adhesive dressings to minimize patient discomfort and mitigate the risk of skin injury is presented.
- avoided or lessened? Line 37 you use mitigate-suggesting appropriately that this isn't a 100% technique for avoiding injury.
- This is implies a primacy claim: yours is the first, biggest, best study of its kind. In order to make such a claim, please provide the databases you have searched (PubMed, Google Scholar, EMBASE for example), the years search, and the search terms used. If not done, please delete it from the manuscript.
- or medical students
- The reviewers asked for more information about malpractice claims. I agree that an example of this may be helpful to drive the importance of this home but it need not be exhaustive. If you can provide a brief vignette of a settled case (with a verdict for the plaintiff) that would be helpful.

- We no longer require that authors adhere to the Green Journal format with the first submission of their papers. However, any revisions must do so. I strongly encourage you to read the instructions for authors (the general bits as well as those specific to the feature-type you are submitting). The instructions provide guidance regarding formatting, word and reference limits, authorship issues, and other things. For example, you will note how to include figures and tables. Adherence to these requirements with your revision will avoid delays during the revision process, as well as avoid re-revisions on your part in order to comply with the formatting.

- Your figures require better legends. Figure 1: why is legend in parenthesis? Fig 2 doesn’t clearly show the angle here. I thought you were instead demonstrating counter traction. It looks like the removed portion of the bandage is flat against the remaining adherent bandage and there is no obvious way that the person removing the bandage could possibly be holding the edge to remove it. Please describe. Fig 3. Again, why in parenthesis? What adhesive solvent? The way this is presented, I can’t tell how the solvent is being applied to the bandage that is still attached.

- what about acetone? I would assume that it should not be used but I’ve certainly seen it used. Please comment.

- really nice video

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. 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 point-by-point response letter.
   B. OPT-OUT: No, please do not publish my point-by-point response letter.

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. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Procedures and Instruments articles should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, tables, boxes, figure legends, and print appendixes) but exclude references.

5. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract’s conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like “This paper presents” or “This case presents.”

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Procedures and Instruments, 200 words. Please provide a word count.

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. Figures
Figure 1: Is this available at a higher resolution? Additionally, if resolution was lost when the X was added, feel free to submit a high resolution version without the X and we can add it to the image.

Figure 2: Is this available at a higher resolution?

Figure 3: This may be resubmitted as-is.

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 21 days from the date of this letter. If we have not heard from you by Jul 08, 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

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: https://www.editorialmanager.com/ong/login.asp?a=r). Please contact the publication office if you have any questions.
Dear Editors,

Attached to this email please find a revised submission to the Green Journal. Dr. Chescheir reviewed the textual part of the article and suggested that we consider submitting this as a Procedures and Instruments manuscript for peer review.

The article has been rewritten to better conform with the critiques from the reviewers and editor.

a. Our intent is to submit solely to Obstetrics & Gynecology. The article contains an embedded video. A hard copy of the video can be submitted.
b. This manuscript is not under consideration elsewhere and will not be submitted elsewhere unless a final negative decision is rendered by the Editors of Obstetrics and Gynecology.
c. The lead author, Steven B. Cherry, M.D. affirms that this manuscript is an honest, accurate, and transparent account of the information being reported.
d. This was not a clinical trial
e. This was not an industry sponsored project
f. This was not a research study requiring approval by an IRB
g. The only two people involved with this article are the two authors.
h. This is not a case report
i. This information has not been previously presented
j. No guideline discrepancies
k. All pictures and videos are the property of the lead author.

No patients are depicted in the video or photographs. Dr. Cherry served as the model for the video.
The purpose of the article is to describe the proper technique for the removal of adhesive surgical dressings. In our combined 60 years of OBGYN experience, we have never seen an article in the OBGYN literature describing MARSI or the proper technique for removing dressings. None of the attending staff at our institution are familiar with this either, despite coming from diverse backgrounds and training programs. Apparently, this information has escaped the collective consciousness of the OBGYN world, but is described in the literature of other specialties. A literature search of Pub Med, Google Scholar and the Green Journal failed to find any OBGYN literature pertaining to MARSI or the proper technique for dressing removal. We have drawn on information from other specialties, such as dermatology and wound care, for our article.

The article was precipitated by the review of a malpractice case involving iatrogenic MARSI. In this case a lower level resident removed a surgical dressing pulling abruptly and at the improper angle. This caused skin stripping and resulted in permanent hyperpigmentation in an African American patient. In reviewing this case as part of a federally sponsored peer review process, Dr. Cherry encountered medical references from other specialties describing the proper techniques for dressing removal. A literature search failed to find anything in the OBGYN literature regarding this.

At our institution, there is now a quality initiative to teach the proper technique for dressing removal and this will also be incorporated into residency teaching, despite the fact that the CREOG criteria does not include anything on MARSI or dressing removal. It is our belief that other hospitals and programs would benefit from this information. It will improve patient care for OBGYN patients and protect practicing OBGYN’s from litigation. The case reviewed by Dr. Cherry may be a sentinel case and will undoubtedly result in additional cases. We saw this phenomenon with retained vaginal sponges after delivery, which was not the basis for a malpractice action twenty years ago. Although, as one reviewer stated, “we should be doing the right things that assure patient safety without legal threats,” it is naive to believe that practicing obstetricians are not concerned about medical legal liability (In fact, there is an OBGYN committee opinion dedicated to this one issue) and many minor complications that previously were considered intrinsic risks of a procedure are now being successfully litigated.

Thank you for your consideration of this article. See next page for responses to reviewers and editors.

Sincerely,
Steven B. Cherry, M.D.
Michelle Vasko, D.O.

REVIEWER COMMENTS WITH RESPONSES.

The article was significantly changed on rewrite and the numbers no longer apply.

Reviewer #1: Authors described a technique for surgical adhesive tape removal that may prevent adhesive related injuries.
1. Title should be modified to reflect the content of the article- as written, it leads the reader to believe the article is about reported cases (as in a database) of medical adhesive injuries. It could be as simple as "Surgical Adhesive Tape Removal Technique" Title changed to “Proper Surgical Dressing Removal Technique in Obstetrics and Gynecology”

2. Authors make a number of categorical statements without any citations and one in particular can be considered offensive without appropriate citation and modification (“African Americans have more rigid skin"- line 83). Additional statements that need appropriate citations include: Reference provided and article reworded so as not to refer to thick skin.
   a. Line 56 (rarity of training) reworded to reflect our experience
   b. Lines 128-130 (Most OBs are unaware..) reworded to reflect our institution
   c. Lines 144-145 (incidence of non-allergic dermatitis) removed

3. Some statements need to be heavily modified to temper assertions that may read as strong personal opinions:
   a. Lines 56-58 can be edited to simply reflect the potential harm improper technique from lack of training may cause- without making sweeping statements about training and practice reworded to reflect our experience and fact that it is not included in CREOG curriculum
   b. Line 62; please remove "in the present medical-legal climate"- as it is unnecessary. We all should be doing the right things that assure patients safety without legal threats. Medical legal considerations retained as the editor suggested this (see below).
   c. Lines 132-134; please modify or remove entirely- unless you have credible data to back it up. Removed

4. VIDEO: please make appropriate modifications to the first 2 slides of the video to reflect your response to #2. Other reviewers and editor did not suggest remaking video, which would involve considerable cost and time.

Reviewer #2: ONG 19- 933 Medical Adhesive Related Skin Injuries (MARSI) in Obstetrics and Gynecology
Article Type: Procedures and Instruments

Thank you for the opportunity to review this interesting and well written manuscript. This "procedures and instrument" manuscript highlights lack of attention to proper surgical bandage removal.
Introduction:
* The introduction highlights that most OB/GYN residents and faculty never receive instruction on proper, non-traumatic removal of surgical bandages.
* The authors highlight that this is an under-reported complication. Are there current estimates for number of injuries? Cost of these injuries? Are there litigation cases resulting from this type of injury? I would recommend including citations and description of legal case(s) for these claims. From reviewing McNichol et al, cited in this paper, epidemiological studies on MARSI are available and should be reviewed here. This is beyond the scope of the article which is to demonstrate the proper technique to avoid iatrogenic injury.

* On the second page, the authors note that African American may be more susceptible to this type of injury. I'd recommend a citation to support this claim. reference provided and sentence reworded to remove reference to “thick skin”

Technique:
* The video and figures are helpful for demonstration of proper technique.
* Resolution of figure 2 is a bit unclear. figures removed since they do not add information not included in the video.

Experience:
* Are there patient satisfaction surveys to support these claims from the author's institution? From other institutions. I would recommend highlighting this data in this section. The technique is based on evidence from other specialties and basic science research on the forces placed upon the skin with different traction angles.

Discussion
* The authors mention ligation multiple times including in first paragraph of discussion. I would strongly suggest reviewing those cases here. case noted briefly as recommended by editor
* The authors suggest that very commonly used techniques, including pressure dressing and tackifiers, are potentially causing widespread injury. The data to support these claims should be discussed in this manuscript in order to support the claim that virtually every OB/GYN in the US should change their approach. The information on the use of tackifiers was removed in order to concentrate the focus of the article on the proper removal technique. Benzoin does increase adherence and theoretically would therefore increase the risk of removing the epidermis with the skin, however, the data on skin injury from this is from studies done on newborns. Pressure dressing often cause blistering when there is too much traction at the ends of the tape.

Overall: The authors present an excellent visual presentation of proper technique of removing bandages and reflects the consensus statement references in this manuscript. I strongly suggest that the authors lay out the data for injury to the OB/GYN audience to
Reviewer #3: It is a short communication about the proper technique in removing surgical dressings in order to avoid Medical Adhesive Related Skin Injuries (MARSI). It is rare for OB/GYN residents and staff to receive training for this. The Authors concluded the fact that using a proper technique when removing adhesive dressings can reduce the incidence of skin injury. An educational video was made summarizing key learning points. Using a clearly defined classification of MARSI this manuscript is very well written, very well organized, concise and very clear. Pre- and postoperative tips following surgery can be used in order to reduce skin complications. It can result in delayed healing, increased healthcare costs, pain and medical malpractice claims. I like this reviewer the best. He/she recognized that the article was designed as “a short communication about the proper technique in removing surgical dressings in order to avoid MARSI.”

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor’s specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

***The notated PDF is uploaded to this submission’s record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.***

- The discussion doesn't minimize these issues. This should be rephrased as: "The proper technique for the removal of adhesive dressings to minimize patient discomfort and mitigate the risk of skin injury is presented. thank you. This sentence was included in the discussion.
- avoided or lessened? Line 37 you use mitigate-suggesting appropriately that this isn’t a 100% technique for avoiding injury. thank you. changed in abstract

- This is implies a primacy claim: yours is the first, biggest, best study of its kind. In order to make such a claim, please provide the databases you have searched (PubMed, Google Scholar, EMBASE for example), the years search, and the search terms used. If not done, please delete it from the manuscript. This was done and I added it to the manuscript

- or medical students thank you. added

- The reviewers asked for more information about malpractice claims. I agree that an example of this may be helpful to drive the importance of this home but it need not be exhaustive. If you can provide a brief vignette of a settled case (with a verdict for the plaintiff) that would be helpful. case briefly referenced.