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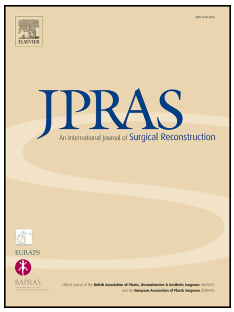

A prospective randomized cost billing comparison of local fasciocutaneous perforator vs free Gracilis flap for lower limb reconstruction

Alberto Mangano, M.D., Laura Marciano, M.S.

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A prospective randomized cost billing comparison of local fasciocutaneous perforator vs free Gracilis flap for lower limb reconstruction

Alberto Mangano M.D. *(1) and Laura Marciano M.S. (2)

1) Board Certified in General Surgery, Private Practice, Lake Como, Italy.
2) Vita-Salute San Raffaele University, Milan, Italy.

- Corresponding Author: alberto.mangano@gmail.com

Dear Sir,

We read with extreme interest the article published by Dr Abdelrahman et al. [1]. The colleagues are to be commended for their aim of performing a prospective randomized cost billing charges comparison of local fasciocutaneous perforator *vs* free Gracilis flap reconstruction for lower limb reconstruction. We do agree with the authors that lower limb traumatic wounds are a complex surgical topic, which should be approached in a multidisciplinary way. Moreover, the financial impact of a surgical procedure is an essential element to take into consideration. For those reasons, the authors presented quite a relevant hypothesis to be tested. Hence, we would like to offer our additional remarks on this important topic. In this paper, even if the statistical tests seem to be properly used, there is apparently a point to ponder regarding the study design of the trial. *De facto*, before enrolling the patients, the authors had not apparently assessed any kind of *pre-hoc* sample size calculation for each specific outcome that they wanted to test. There is just a brief mention to power calculation for randomized trial (in the Statistics section and a citation of a website in Ref 14 of their paper). Notably, the frequency of occurrence of the events they wanted to test was not specified. In other words, before claiming that some specific experimental data are significant (or not), it is mandatory to get an adequate statistical power and the sample size for each and every arm must be accurately calculated[2].
Moreover, the sample size calculation depends on three main factors which must be taken into consideration: the type I error (α level), the power and the treatment effect.