Editorial comments:
The paper has major methodological errors. Also grammatical corrections needed

Authors’ feedback:

• Patients (or materials) and methods
  • Full description of patients/materials: This study is prospective and random. In this study are included 1496 patients aged over 65 years who underwent an operation at the urologic clinic. Period of study: from January 2010 to December 2012. Pt with Insult cerebral, Alzhemimers, phsicosa, parkinson are excluded from the study.
  • Full description of methods The Team in Charge of the study has collected other data too about the incidence of acute postoperative complications in elderly patients. Cognition is made with evaluation of MMSE. 24 hour preoperative data from one Anesthesiologist not included in the Team in charge of study. The effectiveness of routine screening of postoperative Delirium in the elderly using Confusion Assessment Method (CAM). Psychiatrists are not necessary in this case.

• Study design Elderly patients included on the study are monitored pre, intra, and post operative period with monitoring of Blood pressure, cardiac frequencies, ECG, pulse-oxymeter. Monitoring has been non-invasive, and some of them are monitored invasively and central venos cateter as cistectomy. Patients that underwent cystectomy operations are made with Endotracheal General Anesthesia and epidural anaesthesia.

• Statistical analysis Statistical analysis was performed using SPSS statistical software (SPSS 21.0). This is a single blind, randomized controlled clinical trial with three parallel arms, combined, Spinal, Endotracheal and Local anesthesia group. Patient recruitment and baseline data collection: The day before surgery the principal investigator checked the list of patients planned for surgery and their medical charts to identify potential participants according to our inclusion and exclusion criteria. They will then visit these patients to formally invite them for participation. Anesthesiologists that completed preoperative and intraoperative data were blinded to the study. Randomization was performed.

Sample size: The incidence of postoperative delirium varies greatly between studies so our sample size was calculated to reach a confidence level of 95% with a power of 80% and a precision of 3% to detect an incidence of 50% and accounting for a 25% dropout rate. Chi-square test was used to compare the proportions between variables. Student’s t test was used to compare the duration of stay of patients with and without delirium and analysis of variance ANOVA was used to compare the duration of stay of patients throughout years. A p value $\leq 0.05$ was considered statistically significant. All testes are two tailed.

• Ethical considerations: This paper is part of the doctorate study and is approved from the head of service of Anesthesia Reanimation. Where I live, and in the conditions I work with, the only thing we can do is observe, analyze, and based on them, come to conclusions which may not be of a big interest for the developed countries.

Concerning the language, I have tried my best but English is not my native language.