Author's response to reviews

Title: Effects of low-flow sevoflurane anesthesia on renal function in low birth weight infants

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Author's response to reviews:

Dear Dr Costoy,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript. Based on reviewers' comments, we have revised the manuscript, and the modifications are shown in red font. Moreover, the yellow highlighted content show the key modifications. We would like to make the following points to clarify certain aspects of our study:

Abstract
L 21: In-tidal sevoflurane concentration was maintained at 2.5%–4.0%.

Methods
L 55-57: Ethics committee approval details and parental consent has been described.
L 74: The amount of urine was measured by the weight of diapers.

Results
L 109: We added Figure 1 which shows the median and 25th-75th percentiles (box boundaries). The number of Table 1#Figure 1 and Table 2 has been changed.

Discussion
L132-137: The content about fluid therapy is based on the Chinese guidelines for the anesthesia of LBW infants and is a routinely adopted protocol in our hospital.

Limitations
L192-204: The major limitations of the study have been discussed.

In addition, we would like to explain some additional points:
1. We had estimated benefits and risks of the research before starting work.

2. L 86-87 systolic arterial pressure (SAP) was maintained at 40–65 mmHg instead of the mean artery pressure (MAP).

3. One of the surgical procedures (Table 1) was for congenital hypertrophic pyloric stenosis rather than esophageal atresia.

I do apologize for the errors that resulted from our carelessness.

We look forward to your reply, and thank you very much for your consideration.

Yours sincerely,

Na Xing