Author's response to reviews

Title: Noninvasive Cardiac Output and Blood Pressure Monitoring cannot replace an Invasive Monitoring System in Critically Ill Patients

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Author's response to reviews:

Dear Editors

We would like to resubmit the attached manuscript titled “Noninvasive Cardiac Output and Blood Pressure Monitoring cannot replace an Invasive Monitoring System in Critically Ill Patients” for publication in the BMC Anesthesiology Journal. We have thoroughly addressed all the issues raised by the reviewers and are enclosing a detailed point-by-point reply to all their comments. We believe that the reviewers’ remarks helped to improve the quality of the manuscript and hope that it will be accepted for publication.

We herewith state that (1) the paper is not under consideration elsewhere, (2) none of the paper’s content has been previously published, (3) all authors have read and approved the manuscript, and (4) no potential conflicts of interests are present for any of the authors.

We would appreciate if you could consider our paper for publication and are looking forward to your kind answer.

Yours sincerely

Markus Béchir, MD

Reply to the reviewer’s comments

Reviewer #1:
1. “There is still the occasional lapse in spelling and/or grammar“. A native American has copyedited the whole manuscript and helped to improve the English. We hope with these changes it is now suitable for publishing in your journal.
Reviewer #2:

“Importantly, however, part of the final paragraph under the Discussion would have to be eliminated first. They clearly make the point that the noninvasive blood pressure technique cannot replace an invasive system. They didn’t compare it to standard blood pressure measurement, and they further go on to say that although the cardiac output data is compelling this does not legitimate its application in the ICU instead of an invasive monitoring system. Their conclusion was that they found no ICU application in which it can be recommended. They did not study it as part of an outreach team. The final two sentences in that paragraph are allowable. Furthermore, the new pressure monitoring system is easy to use and quick to install within minutes and therefore could offer a quick initial hemodynamic overview possibly providing important information on trend of MAP and cardiac output. This would allow to bridge the time until a longer lasting invasive monitoring needs to be installed in the case of a deteriorating patient. The prior three sentences and Reference 19 are not. With that stipulation, I think you could proceed to publish this manuscript.”

As suggested we have eliminated these three sentences and hope the manuscript is now acceptable for publication.