Dear Sirs,

We thank you and the reviewers for the time and trouble spent on our behalf, and the excellent comments and suggestions. We revised the manuscript according to the referees’ critiques, and we hope that we addressed all issues of concern to your full satisfaction.

Please find attached a point-by-point response to all queries.

We hope that the current version of the manuscript will be considered suitable for publication in BMC Musculoskeletal Disorders.

In sending greetings from Berlin

I remain
Sincerely yours

Dirk Stengel, MD PhD MSc

Reviewer #1

We thank Dr Wright for his important comments. We fully agree that course attendees may not represent a random sample drawn from the orthopedic community, thereby introducing selection bias. We had already mentioned this methodological weakness in our discussion section, and stressed it again in the revised version of our paper. In epidemiological terms, we considered the AO courses a reasonable and easy to access secondary sampling base because of the international faculty and attendees with different levels of training and expertise.

Further comments:

1. We have to apologize for any confusion with our assertions on the frequency of implant removal operations. We stressed that they belong to the most common
elective orthopedic (!), not general surgical procedures in the industrial countries. 2 + 11.

We are sorry for the contradicting sentence on complication rates, which was deleted in the revised manuscript. We referenced studies on the risks and complications with implant removal. Specifically, we referred to a literature review by Evers et al., which had been presented in abstract format at the 2003 EFORT-Congress in Helsinki.

3.
The sentence on external and internal evidence was replaced by the reviewer's suggestion.

4.
We detailed the development process of the questionnaire, which followed a sample-to-redundancy strategy previously used for designing other questionnaire surveys in orthopedic surgery.

5.
We now provided all response categories for Likert-scale type answers.

6.
More details were provided on the sample size calculation, stressing that this was an exploratory study without a formal null-hypothesis. In this setting, it may be more suitable to gauge the target sample size on a certain precision of estimates (that is, a tight confidence interval) rather than a certain type I and II error.

7.
We provided a response rate based on all course attendees in both the abstract and the results section of the paper.

8.
The results section was rewritten, and we hope we could improve readability.

9.
We deleted the assertion about the benefits of internal fixation in the discussion section.

10.
Given the potential risks and discomfort of secondary surgery, we fully agree that either patient's decision, to undergo implant removal or to leave it in place, is equally comprehensible. We restructured the discussion section and addressed the obvious conflict in more detail.

11.
Thanks for this remark. We now stressed that the answer pattern may not reflect daily behaviour, and that recall bias may have contributed to the surgeons' assumptions.
Reviewer #2

We also thank Dr Loder for the valuable suggestions and remarks. The word hardware was replaced by implant throughout the manuscript.

We fully agree that we overstated the use of titanium implants, and revised the relevant passages accordingly. Also, we thank the reviewer for stressing the need to differentiate between implant removal in children and adults. We added another paragraph to the introduction section.

Finally, we specified that age and gender (as mentioned in Table 3) referred to the participating surgeons, not patients.