Author's response to reviews

**Title:** First experience with a new negative Pressure Incision Management System on surgical Incisions after cardiac surgery in high risk patients

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**Author's response to reviews:** see over
Dear Mr Zamvar and Prof Taggart,

I would like to thank you for the opportunity offered to my work to be reviewed by you and your reviewers.

I will answer point by point to the reviewer requests:

Major Revisions:

1. The Definition of “good aesthetic outcome” and “good wound healing” has been changed by the definition of “correct wound healing with the absence of skin lesions due to the negative pressure after removal of the Prevena dressing”. This change has been made according to the fact that is difficult to standardize the aesthetic evaluation. On contrast is clear for every surgeon what means “complete wound healing with absence of infection”.

2. I agree with the Reviewer considering that this device could be one more in the market without a widespread use. As I have stated in the discussion everything will depend on the results of the future clinical and economical assessment studies. At this point it is premature to make anymore comments on future applications.

3. The Fowler score was calculated preoperatively because we decided to use the Device only in consecutive high risk patients. The minimum Fowler score was 7 that represented a 2.1% risk of infection.

4. I have corrected the underlined contradiction.

5. The specification of a modified VAC has been introduced at the beginning of the paragraph.
6. It has been stated that “the first report in cardiac surgery patients in Europe on this new class II device”.

Minor Essential Revisions:

1. Title capitalized
2. -125mmHg used
3. NPWT, abbreviation defined
4. NPWT modified
5. VAC defined
6. Chest not capitalized
7. NPWT modified
8. Removed and changed: and it should be avoided in case of ischemia in the incision area, inadequate hemostasis of the incision and cellulitis of the incision area.
9. Cellulitis changed
10. Intensive care unit not capitalized
11. Airborne microorganisms introduced
12. Reference introduced (number 33)
13. randomized controlled trial (RCT) defined
14. THA removed
15. NWPT changed in NPWT
16. Profit changed with benefit

Discretionary Revisions

1. The dressing contains ionic silver (0.019%) to prevent bacterial growth in the dressing.
2. Prevena™ canister maximum capacity 45mL.
I hope you agree with all changes made in the manuscript and finally accept it for publication in the Journal of Cardiothoracic Surgery.

Thank you very much for your collaboration

I look forward to receive your comments

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