Author's response to reviews

Title: Ringer's lactate, but not hydroxyethyl starch, prolongs the food intolerance time after major abdominal surgery; an open-labelled clinical trial

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Author's response to reviews:

Reviewer 1 (Youssef):
No changes. The reviewer thank the manuscript is appropriate for publication.

Reviewer 2:
1. The number of patients (N=88) was not decided but arrived upon. The study was originally powered to differentiate between haemodynamic responses to induction of anaesthesia and subsequent bolus infusions of HES or Ringers. Each of 4 groups contained 25-30 patients, which yielded excellent possibilities to outline meaningful haemodynamic differences, and with a few drop-outs we finally arrived at 111. The haemodynamic data obtained during the fluid optimization prior to the actual surgery have already been reported (Ref 14). The lower number of patients found here (88) is due to the fact that the main author changed hospital and could not become into possession of the old data. The post hoc analysis told us that the material was still useful. This loss of data is explained openly in the Limitations section of the Discussion.

Our way of illustrating the relationship between fluid volume data and complications by ROC curves is a novelty. Statistically, there is nothing erroneous in this approach, which can be applied if there is one categorical and one continuous parameter.

2. FloTrac/Vigileo was used go study the haemodynamic responses to induction of anaesthesia and subsequent bolus infusions of HES or Ringers (Reference 14). Our reluctancy to include them stems from (A) the problems involved in duplicate publishing of data (B) we only have access to haemodynamic data up to the 1st hour of surgery (one can assume that the anaesthetists used these for governing the fluid therapy after the 1st hour, but we have no proof of this) and (C) they are mostly of interest for the urinary excretion, which was not a key outcome but rather an associated finding reported in "Exploratory analyses" section.

Haemodynamic data is now added as a Table 5, details reported also in the
Results section, and briefly commented upon in the Discussion. These sections are marked in yellow colour, indicating that the authors would like to delete these sections due to the reasons mentioned above. However, if the Reviewer and the Editor want to have them along we have no objection, although it is not our first choice.

3. What we can report is cardiac output before anaesthesia, just before surgery starts, and at 1 hour of surgery. This is now done and also briefly commented upon in the Discussion section.

Reviewer 3:
I apologize for some confusion with the references. This has now been corrected.