Reviewer’s report

**Title:** Using clinical parameters to guide fluid therapy in high-risk thoracic surgery. A retrospective, observational study

**Version:** 2  **Date:** 2 April 2015

**Reviewer:** Sanket Srinivasa

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- **Major Compulsory Revisions**

What were the d/c criteria from ICU. Why did patients leave earlier when there were no difference in complications? Were the same objective d/c criteria utilised.

There is a trend towards earlier operations getting more blood products but having equivalent bleeding- could these results be due to surgical differences rather than changes in fluid management?

Is multiple regression possible to determine whether fluid management was independently associated with changes in outcomes?

can you please comment on other methods (e.g. oesophageal doppler) to conduct goal directed therapy and the fact that this strategy is now under scrutiny at least in the context of major abdominal surgery

I appreciate that the authors' acknowledgement that these results are hypothesis generating but it should be noted that the study is likely underpowered to make any assertions regarding risk and benefit.

The length of hospital stay is the same- does this mean that patient care was simply handed over to another ward (instead of ICU)

What do the authors think is the key intervention- permissive oliguria or SCv guided fluids?

- **Minor Essential Revisions**

The paper is well written, concise and appropriately formatted.

- **Discretionary Revisions**

Nil

**Level of interest:** An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
No competing interests