**Author’s response to reviews**

**Title:** Tracheostomy in intensive care unit patients can be performed without bleeding complications in case of normal thromboelastometry results (EXTEM CT) despite increased PT-INR: a prospective pilot study

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**Author’s response to reviews:** see over
Dear editor,
we have corrected grammar/spelling errors throughout the article.
Changes belonging to editor are done in discussion and are in red colour.

Best regard,

Miroslav Durila /for all authors/

Reviewer 1

**Reviewer's report:**
The authors need to fix all of the numerous grammar/spelling errors after that the manuscript does appear to meet my previous concerns.

*Done.*

**Editor comment:**
„You did not discuss an important published finding (HYPERLINK "http://www.ncbi.nlm.nih.gov/pubmed/17381569" \nRisk factors associated with bleeding during and after percutaneous dilational tracheostomy. Beiderlinden M. Anaesthesia. 2007 Apr;62(4):342-6.) indicating that bleeding incidence during and following tracheostomy is higher with an activated partial thromboplastin time above 50 s. Please discuss this paper in your revised submission.,

*Done in red in discussion.*
Beiderlinden at al. found that bleeding incidence during and following dilatational tracheostomy was higher in patients with prolonged APTT and with platelets below 50×10⁹/L [21]. This may be true as platelets below 50×10⁹/L are generally connected with prolonged bleeding time and impaired primary hemostasis which cannot be detected by ROTEM. That is why our patients had at least this number of platelets. When it comes to APTT, we excluded patients with prolonged APTT for the following reasons: (i), extrinsic pathway of coagulation
initiation prevails in vivo, as described in cellular model of coagulation; (ii) in our chronic ICU patients PT prolongation is more common than APTT; (iii) when PT is prolonged, prothrombin complex can be used instead of FFP. Prolonged APTT is a more complex concern as it can be caused by heparin or hemophilia but we plan to look closer to this problem in the future.