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 deleted key messages and incorporated them into conclusion.

Best regard,

Miroslav Durila /for all authors/

Editorial requirements:
Please remove the Key Messages section and incorporate these points into the Conclusions section instead.

Conclusions
Based on the above findings, we conclude that thromboelastometry (ROTEM-EXTEM) is a reliable method for assessing coagulation status in patients in ICU and it is superior to standard coagulation prothrombin time (PT-INR). Thromboelastometry can differentiate hypocoagulation status from normal/hypercoagulation status and thus even in case of prolonged PT-INR surgical tracheostomy can be performed safely without bleeding complication in septic and nonseptic patients provided that EXTEM parameters are at least normal. This method also supports physicians in reducing unnecessary FFP administration used preventively to minimise bleeding risk in patients with prolonged PT-INR.

Key messages-deleted
- Thromboelastometry can differentiate hypocoagulation status from hypercoagulation status and thus even in case of prolonged PT-INR tracheostomy can be performed safely in septic and nonseptic patients without giving FFP, under the condition that ROTEM is normal.
- ROTEM is adequate and reliable method in predicting bleeding complication.
By appropriate assessment of global haemostasis unnecessary FFP transfusion can be avoided.