Author’s response to reviews

Title: Dexmedetomidine on tracheal extubation in deeply anesthetized adult patients after otologic surgery: a comparison with remifentanil

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Author’s response to reviews: see over
Response:

Dear editor and reviewer,

Thanks for your kind advice. We made the point to point revision according to the comments from you.

Major revision:

1. **Question:** A comment on the risks of deep tracheal extubation is required somewhere in the introduction.

   **Answer:** The risks of deep tracheal extubation include increased incidence of airway obstruction and aspiration. We commented the risks in the introduction part.

2. **Question:** Page 5, line 11, Is scoring of coughing truly limited to the first 60s? Was any additional evaluation of the smooth extubation done after this time point? Was any additional evaluation of the smooth extubation done after this time point? In your previous work, T5, T6, and T7 measurements covered the first 5 min after extubation. If no evaluation of the “smoothness” of extubation extended beyond 60 sec, this must be listed as a major limitation in the discussion. Similarly, on p 6, line 2 you refer to the periextubation period in the Park study. Please define how long this periextubation period lasted in both studies.

   **Answer:** The definition of smooth extubation was used by Inomata (ref 11.). As in our previous studies, we mainly noted airway complications in the first 1 min in the current study. We know that 1 min is a narrow interval of definition of smooth extubation. The patients were closely monitored after deep extubation until they were fully awake and discharged from PACU. Usually, respiratory complication happens immediately after extubation. In our experience, if the patients could maintain regular respiratory pattern during incision dressing, they would not experience laryngospasm, breath holding, and cough during the next 1 min, 2 or 3 min after deep extubation. We listed the limitation of a narrow interval of definition of smooth extubation in discussion.

3. **Question:** Page 7, line 7-8, Please list confidence intervals for the percentages of patients with a regular respiratory pattern during cuff deflation in all groups. There is also a typo here as the SD5 group shouldn’t be compared to itself.

   **Answer:** We showed the percentages of patients with regular respiratory pattern for three groups.
4. **Question:** Tables 3 and 4, p values can’t be shown as “< 0.00” please put a lower limit on the p-values and use exponents if necessary.

   **Answer:** Thank you. We showed the detailed P value in both tables.

**Minor revision:**

1. Page 5, line 2: “Patients who” could not maintain.

   Answer: Thank you. We made the recommended revision. P5, line 2.

2. Page 7, line 19, Group SR “than in”

   Answer: Thank you. We made the recommended revision. P7, line 19.

3. Page 9, line 11, which “does”

   Answer: Thank you. We made the recommended revision. P9, line 11.