Author’s response to reviews

Title: Effect-site concentration of propofol required for LMA-SupremeTM insertion with and without remifentanil: a randomized controlled trial

Authors:

Matilde Zaballos (mati@plagaro.net)
Emilia Bastida (emiliabastida@gmail.com)
Salomé Agustí (s.agusti@hotmail.com)
Maite Portas (maiteportas@gmail.com)
Consuelo Jiménez (consueloijd@gmail.com)
Maite López-Gil (mlopezgi@yahoo.es)

Version: 3 Date: 7 May 2015

Author’s response to reviews: see over
Response to reviewer comments

Dear editor:
Re: MS: 1211290547151779
Effect-site concentration of propofol for LMA-SupremeTM insertion with and without remifentanil. A randomized controlled trial
Matilde Zaballos, Emilia Bastida, Salomé Agustí, Maite Portas, Consuelo Jiménez and Maite López-Gil
BMC Anesthesiology

On behalf of my co-authors, I have reviewed the concerns raised by the Journal’s editorial team. I have paraphrased the reviewers’ comments and suggestions, indicated them in blue color in this response letter. I have revised the manuscript have highlighted the relevant changes in red text.

I trust that our revised manuscript meets the Journal’s approval and we look forward to sharing our findings with your readers.

Sincerely

Matilde Zaballos MD, PhD
Associate Professor, Complutense University, Madrid, Spain
Department of Anesthesiology Hospital Universitario Gregorio Marañón, Madrid, Spain.

Dear Prof. Zaballos,

Your manuscript has now been peer reviewed and the comments are accessible in PDF format from the links below. Do let us know if you have any problems opening the files.

Referee 1:

Reviewer's report
Title: Effect-site concentration of propofol for LMA-SupremeTM insertion with and without remifentanil. A randomized controlled trial Version:2Date:31 March 2015
Reviewer:SANG BEOM Beom NAM
Reviewer's report:

Minor essential revisions
1. The numbers of patients in each group are 26 and 32. You used the block randomization, with a predetermined block size of 10. I cannot understand it. If block size is 10 and the patients number in one group is more than 30, that in the other group is at least 30.

The reviewer is right in his appreciation. Relating the different size of the groups, the sequential “up-and-down method” of Dixon requires, as we have explained in the methods section, seven crossovers from movement to no movement in each group. The figure 2 showed the patient responses to laryngeal mask airway supreme insertion in propofol + saline group. In this group the number of patients needed to achieve the 7 crossovers was 32. However, in the propofol + remifentanil group (figure 3) the 7 crossovers were achieved with the first 20 patients, but to maintain the randomization sequence, we continue with the randomization list until the seven crossovers were obtained in the propofol + saline group. This is the reason why we have 32 patients in the propofol + saline group and 26 patients in propofol + remifentanil group. Studies with similar methodology have same differences in the sample size.


2. You need to standardize some terminology. (target-effect site, target effect site, effect-site)

   Done

3. I cannot find any figure captions.

   The reviewer is right, and in the previous test, missing figure captions. This has been corrected

4. It is difficult to understand P-values in Table 3. There are two groups and the measurements were performed repeatedly. However, there is only one P-value for within-group differences.

   We modified the table and added a comment referring to the “within group differences and between groups differences”

5. The number of patients in figure 2 is 24, which is different from the text in method and result.

   The reviewer is right; by error a figure from an earlier version was included. It has been replaced by the correct figure with 26 patients.

6. The other minor points were marked in attached file.
This points has been corrected in the manuscript

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

**Quality of written English:** Needs some language corrections before being published. Done

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

**Declaration of competing interests:** I declare that I have no competing interests.

Referee 2:

**Reviewer's report**

**Title:** Effect-site concentration of propofol for LMA-Supreme™ insertion with and without remifentanil. A randomized controlled trial **Version:** 2 **Date:** 20 April 2015

**Reviewer:** Mark Dershwitz

**Reviewer's report:**

Minor essential revisions:

1. Page 6, line 23: How did the nurse(s) determine the presence or absence of laryngospasm?

   The reviewer is right in their appreciation because the laryngospasm is a clinical diagnosis made by the anaesthesiologist, we eliminated this from the definition of movement.

2. Page 6, line 32: If the patient received an additional bolus of propofol, was this considered a "failure3?"

   Yes, if the patient received and additional bolus of propofol it was because the conditions for LMAS insertion were not optimal, and it was considered a failure.

3. Page 7, line 19: The definitions of view grades 1 - 4 do not make sense. Traditionally a grade such as this should progress from "best to worst" or from "most to least" as the numbers go from 1 - 4.

   I agree with the reviewer comment in that this classification is not traditional. However, we choose this scale according Brimacome et al in ref 14. We decided this classification because is a scale used frequently in studies of LMA devices.
4. Table 3: The asterisk footnote does not make sense. It is defined as a significant difference from baseline, yet in each case it is positioned in the same row as "Baseline."

We modified the table and added a comment referring to the “within group differences and between groups differences”

Table 5: Please add the statistical tests used to the table legend. Please add "1" to the definition on view grade 1.

Done

Figure 4: For consistency with Figures 3 and 4, please change "dose" in the x-axis label to "concentration." Done

Figures 1 - 4: Please supply figure legends. Done

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published Done

Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests: I declare that I have no competing interests