Author’s response to reviews

Title: Effect of Ketofol versus propofol as an induction agent on ease of laryngeal mask airway insertion conditions and hemodynamic stability in pediatrics: An observational prospective cohort study.

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Author’s response to reviews:

Manuscript Title: Effect of Ketofol versus propofol as an induction agent on ease of laryngeal mask airway insertion conditions and hemodynamic stability in pediatrics in Menelik-II Hospital, Addis Ababa, Ethiopia: An observational prospective cohort study.

Dear Editor and Reviewers:

Thanks for detail comments and rapid Response. We tried to address all comments Point by Point in the following. As much as possible we made an amendment for the comment on the English language as you can see throughout the whole manuscript. We merge questions to give the response.

1. Ethical committee approval number.
Response: we include the ethical approval number in the manuscript. You can see this in methods section line the number 76.

2. Redundancy in introduction and discussion.
Response: Thank you for your constructive comment. We made a correction regarding the redundancy in introduction and discussion. You can see this in the whole introduction section and discussion section. the

3. The definition of terms moved in the table
Response: We made the necessary amendment and we put them in table form. You can see in methods section in the operational definition part line number 95.

4. Limitations of the study should be clarified

Response: We clarified the limitations of the study. You can see this in limitation section line number 260-263.

5. Uniform Reference format.

Response: Thank you for the comment regarding the reference. We made Vancouver referencing style according to the BMC format. The outdated reference we used in the manuscript was due to science. Which means that we use them for definition and science clarification. You can see this in reference section line number the 308 and 381.

6. High dose of propofol

Response: We observe the anesthetist who administers the drug until the patients lose their level of consciousness. In our country, it is difficult to measure anesthetic depth due to unavailability of the Bispectral index (BIS). In addition, a higher dose of propofol is required for LMA insertion in the pediatric population.

7. Training level of physicians

Response: We made a correction on the training level of physicians. you can see in the methods data collection technique and instrument part line number 148-152.

8. Remove hospital name and date from the tables

Response: We removed the hospital name and date from all tables. You can see this in the whole tables of the manuscript.