Author’s response to reviews

Title: A Comparison of Blind Intubation with the Intubating Laryngeal Mask FASTRACH™ and the Intubating Laryngeal Mask Ambu Aura-i™ A Prospective Randomised Clinical Trial

Authors:

Robert Schiewe (robert.schiewe@t-online.de)

Michael Stöck (m.stoeck@asklepios.com)

Matthias Grünewald (matthias.gruenewald@uksh.de)

Jan Höcker (jan.hoecker@uksh.de)

Berthold Bein (b.bein@asklepios.com)

Version: 1 Date: 12 Dec 2018

Author’s response to reviews:

Dear editors,

thank you very much for taking your time to read the manuscript and comment on it. Thank you especially for your improving and refining comments!

I tried to take up all of your comments and highlighted corresponding major changes in the manuscript.

Dear Dr. Koning, I changed the title to make the primary aim of the study clearer.

Inclusion criteria were added. The fiberscope was changed after very few patients and afflicted both groups equally. I added some figures of success rates of blind intubation in each subgroup for clearer understanding of the data.

The doubled “two attempts” is removed, of course. Missing units in table descriptions were added.

One of your first questions is why the study was not registered earlier. There really is no further explanation why the study was registered retrospectively and publication is delayed. So, of course, I will not make up some story for explanation.
Dear Dr. Salhotra, I think the starting and ending points (T2) are made quite clear by writing „Time (T2) was stopped from picking up the tracheal tube until the first successful ventilation‟. Subgroups were already mentioned in the methods section.

I picked up your remark of mentioning of severity grades of sore throat in the methods. The optimisation maneuver is explained in lines 165-166 in the methods section. And „a stethoscope was used to distinguish between oral or gastric leakage.” (line 157).

Dear Dr. Smereka, I changed lines in the manuscript regarding your suggests to add the experience of the anaesthesiologists participating in the study. Correct test names were added, as well as percentages in Table 2.

I added figures 4-7, which clearly state the success rates for blind intubation in each subgroup.

Regarding your further questions: 7: no (inflated according to the manufacturers’ instructions), 8: no, 9: no (because of planned intubation), 10: thorax excursions seems to be right in our opinion, 11: type of surgery is not really relevant in our opinion.

I hope I could address all of your remarks and I look forward to hear from you soon!

Best wishes

Robert Schiewe