Author’s response to reviews

Title: Doxapram alleviates low S p O2 induced by the combination of propofol and fentanyl during painless gastrointestinal endoscopy

Authors:

Xin Lian (tomytomytomy123@sohu.com)
Xin Lian (tomytomytomy123@sohu.com)
Haoxing Wang (wanghai2005@126.com)
Chunxiao Hu (18626311198@163.com)
Zhiping Wang (zhpsqxt@163.com)
Shunmei Lu (lushunmei2008@163.com)
Jingjing Xu (jingjingt6104@126.com)
Yiling Qian (ylqian-1987@163.com)
Jun Wang (wangjun19710930@126.com)

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Editor Comments:

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Reviewer reports:

Alessandro Belletti, M.D. (Reviewer 1): Dr. Lian and colleagues present a revised version of their manuscript reporting results of a RCT on doxapram use to prevent propofol-induced respiratory depression in patients undergoing GI endoscopy. Overall, the Authors answered sufficiently well to my comments. However, I still believe that the manuscript requires extensive editing from a native English speaker, as several errors are still present. These errors make the manuscript difficult to understand and might jeopardize the correct understanding of Authors' work.
Minor comments:

- There is no need for asterisks specifying statistical significance in Table 2

Response:

Thank professor Alessandro Belletti for your kind comments. We removed asterisks in Table 2 and agreed with your viewpoints and deleted the related note in line 388-390.

Ya-Jung Cheng (Reviewer 2): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format. Please overwrite this text when adding your comments to the authors.

The manuscript is clearer after revision. However, to make it more friendly to readers, I suggest to change the outcomes with low SPO2 (<90%) instead of "respiratory depression".

Table 2. ** is not necessary.

Response:

Thanks for this valuable suggestion. We have removed the ** in Table 2 and deleted the related note in line 388-390.

Minor comments:

Line 33: 50 mg doxapram

Response:

Thanks for this valuable suggestion. We have changed "respiratory depression" with low SPO2 (<90%) in the manuscript. We think that “low SPO2” is more appropriately. Professor Ya-Jung Cheng provided a more professional suggestion. We have added 50 mg in line 33.

Line 49: low dose doxapram

Response:

Thanks for this valuable suggestion. We have added low dose in line 49.

Line 152: study outcomes included the happening of low SpO2 (<90%) and the necessity of the following managements by minutes. The changes of MAP and HR were compared as well as the satisfaction of both endoscopists and patients.
Response:

Thanks for this valuable suggestion. We have revised “study outcomes included the happening of low SpO2 (< 90%) and the necessity of the following managements by minutes. The changes of MAP and HR were compared as well as the satisfaction of both endoscopists and patients” in line 152-156.

Line 209: our results showed significantly higher SPO2 at 1,

Response:

Thanks for this valuable suggestion. We changed the sentence in line 212 according to Professor Ya-Jung Cheng’s suggestion.

Line 252: there are some limitations in our study. We could not demonstrate comparable anesthetic depth between groups without monitors such as bispectral index.

Response:

Thanks for this valuable suggestion. We have changed the sentence in line 212 according to Professor Ya-Jung Cheng’s suggestion.

Line 255: We haven't monitor ETCO2 as a part of respiratory depression.

Response:

Thanks for this valuable suggestion. We have changed the sentence in line 256-259 according to Professor Ya-Jung Cheng’s kind suggestion.

Line 266: by adding 50 mg of doxapram on intravenous anesthesia with propofol and fentanyl on gastrointestinal endoscopy examination, the incidence of hypoxemia and the necessity of respiratory assistance following anesthetic induction was significantly lower on the first three minutes.

Response:

Thanks for this valuable suggestion. We changed the sentence in line 261-263 and 273-278.

Raiko Blondonnet (Reviewer 3): Dear BMC Editor,

The authors have carefully improved their manuscript and they have also provided answers to my interrogations. I have no major concerns. I have only 4 minor concerns about the manuscript.

1. I think the authors should write "PreBötzingen Complex" instead of "PreBötC" line 219 to improve the readability.

Response:
Thanks for this valuable suggestion. We have modified "PreBötzinger Complex" instead of "PreBötC" line 222.

2. Could the authors rephrase the sentence line 259 (We hadn't monitored postoperative pulmonary complications for the patients in PACU for possibility of early discharge from PACU is important in the care of outpatients, as it improves service) because it is not understandable.

Response:

Thanks for this valuable suggestion. We have rephrased the sentence (We hadn't monitored postoperative pulmonary complications for the patients in PACU for possibility of early discharge from PACU is important in the care of outpatients, as it improves service) into (We hadn’t monitored postoperative pulmonary complications for the patients in PACU. The possibility of early discharge from PACU is important in the care of outpatients and it improves medical efficiency.) in line 266-269.

3. I think the authors should remove the two stars in both the table and the legend in the table 2 (**represents no significant differences at P>0.05) because is confusing for the readers.

Response:

Thanks for this valuable suggestion. We have removed asterisks in both Table 2 and legend agreed with your viewpoints and deleted the related note in line 388-390, 394.

4. Line 113 missing tape space between 55 and case.

Response:

Thanks for this valuable suggestion. We added tape space between 55 and cases in line 113.