Author’s response to reviews

Title: Influence of anesthesia methods on surgical outcomes and renal function in retrograde intrarenal stone surgery: a prospective, randomized controlled study

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Author’s response to reviews:

Nov 12, 2019

RE: Manuscript revision ID BANE-D-19-00396R2, “Influence of anesthesia methods on surgical outcomes and renal function in retrograde intrarenal stone surgery: a prospective, randomized controlled study”

Dear Editor,

Thank you for the comments on our manuscript. We have revised our previous paper based on the comments made by the reviewers. We hereby submit the revised paper. We are also sending a letter describing our replies to comments of the reviewers in a point-by-point fashion on separate sheets. We would highly appreciate it if you could review this paper again for publication in BMC Anesthesiology.

Sincerely Yours,

Sung Yong Cho, M.D., Ph.D.
Department of Urology
Response to Comments of the Editor

1. We submit one copy of the manuscript that is clean without any changes highlighted.

2. We ensured the following information was included on our title page:
   a. The identifying institution for each author was listed.
   b. The status of the first author was indicated.

3. We provide a detailed letter describing the exact modifications made to the manuscript and their location within the text.

4. We added a word count of text at title page (3,082 words including 3 tables).

5. All tables and references were cited chronologically.

   6. All references included both beginning and end page numbers.

Reply to comments

1. Page 6, line 30: Confirm whether ‘&gt;2 mm’ or ‘&lt;2mm’.
   Reply: Thank you for your kind comment. We made a mistake, so we revised as you commented.

2. Page 6, line 50: Clarify the definition of ‘...difference of renal function recovery rate’.
   Reply: Thank you for constructive review. We used the concept in previous study, so we revised the sentence as following with reference;

   Primary endpoint was difference of renal function recovery rate and the difference was 6.5% from previous investigation. -&gt; Primary endpoint was difference of renal function recovery rate and the difference was 6.5% from previous investigation. The recovery rate was defined as the rate of changes of separate renal function into less than 10% between the two kidneys in patients who underwent according to the preoperative functional deterioration [11].

3. Page 6, line 54: Identify the units of the standard deviation of ‘9’.
   Reply: Thank you for your helpful review. We added the unit, so we revised as ‘9%’.

4. Page 8, line 16: Change the change the last phrase of the sentence to ‘which lead to a blockade level at T10’.
Reply: Thank you for your kind comment. We changed the sentence as you commented.

5. Page 10, line 15: Add a brief sentence explaining to the reader what is the indication of the difference in separate renal function findings between GA and SA.
Reply: Thank you for your constructive review. According to your comments, we added a brief explanation as following:

The difference in separate renal function between the operative and contralateral sites increased significantly in patients under GA than those under SA 3 months postoperatively. The difference in separate renal function between the operative and contralateral sites increased significantly in patients under GA than those under SA 3 months postoperatively. So far other studies concluded that renal function did not worsen postoperatively after they evaluated only serum creatinine level. However, we evaluated separate renal function with DTPA renal scan, and there might be some potential negative effect from GA.

6. Page 10, line 26-27: Cut the sentence starting ‘This study ..’ and past it just after the sentence in line 17.
Reply: Thank you for your kind comment. We moved that sentence as you commented.

7. Page 11, line 44: Add a brief sentence indicating the significance of the finding mentioned on the same page lines 40-44.
Reply: Thank you for your constructive review. We added a sentence as you commented.

“Separate renal function might be affected negatively by GA. Therefore, it might be desirable not to conclude that separate renal function is not deteriorated after only serum creatinine level is evaluated.”

8. Table 2: Add the scalar units to serum creatinine ..etc.
Reply: Thank you for your comment. We added the scalar units.

9. Table 2: Change ‘Relative renal function data’ to ‘Separate renal function data’.
Reply: Thank you for your comment. We changed as you commented.

10. Table 3: Add a footnote clarifying that some SA patients had sedation.
Reply: Thank you for your comment. We added a footnote.

We highly appreciate your invaluable comments and helpful suggestions.

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