Author’s response to reviews

Title: LMA® GASTRO™ Airway for endoscopic retrograde cholangiopancreatography: a retrospective observational analysis

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Author’s response to reviews:

Thank you very much for your reviewer comments regarding our article entitled “LMA® Gastro™ Airway for endoscopic retrograde cholangiopancreatography: a retrospective observational analysis.”

We would like to first express our sincere appreciation to Editor and reviewers for the time and careful consideration reviewing our observational study. We are hoping the following comments and revised manuscript will address the reviewer’s concerns.

We have taken the reviewer's comments on board and have made all necessary changes. Please find the changes highlighted in the revised manuscript for your reading.

REVIEWER 1

“The authors list as a significant limitation the lack of a comparison group even though they had data from 85 ERCP procedures which were performed with sedation and 28 ERCP procedures which were performed using general endotracheal anesthesia.

Inclusion of data from these other groups, even with the caveat that they represented "selected" populations due to anesthesiologist preference, would have allowed appropriate statements related to comparability to be performed."
Comment:
We accept these comments and have since extended our audit to enable comparison of not only baseline demographic data between the sedation, LMA Gastro and intubation cases, but also other key end-points: lowest intraoperative SpO2 and incidence of hypoxia defined as SpO2 <92%, requirement of conversion to General anaesthesia (GA) with endotracheal tube, blood pressure control with vasopressors and inotropes, incidence of intraoperative and postoperative (PACU) events and ERCP failure.
The distribution of cases between these three airway approaches represented “selected” populations according to anaesthesiologist discretion taking into account the level of patient complexity, risk of aspiration and desaturation, haemodynamic stability, surgical position, user experience and patient preference.
“It would be surprising if there were not greater episodes of hypoxia in the sedation group that in this study group. That would have been meaningful to the reader and this novel comparison would have allowed for an extension of knowledge related to anaesthesiology practice.”

Comment:
No episodes of hypoxia were documented in both LMA® Gastro™ and GA with ETT groups. One sedation case with nasal cannula was noted to have hypoxia.
“Heart rate and use of pressors were presented as the only bits of hemodynamic data (although the latter was not otherwise quantified or defined). It would have been meaningful to also know information about blood pressure alterations with the different methods.”

Comment:
We have now included the data on the use of vasopressors, inotropes, vagolytic agents. The usage was defined as any administration of these medications regardless of the frequency/dosage. Unfortunately, we could not extract the minute blood pressure alterations as the anaesthetic data is paper based and blood pressure readings were entered manually.
“The acronym GLT should be defined in the text (not just the abbreviations list) when used and some description of that device given since it is the primary comparative treatment present in the literature.”

Comment:
We accept this and have made this change.
“Formal statement of no support from LMA GASTRO or associated businesses for any of the authors”

Comment:
We have included a conflict of interest statement and expanded to say none of the authors have any associated businesses with LMA® Gastro™.

REVIEWER

“Abstract under Methods: Suggest to use June 2018 instead of July 2018”
Comment:
We accept this and have made this change.
“Were the LMA Gastro patients ventilated (IPPV) or spontaneously breathing during the procedure? It is noted that very few patients are paralysed. Was there a reason for this?”
Comment:
This was difficult to capture. The standard procedure is that patients will be initially ventilated on synchronous intermittent mandatory ventilation (SIMV) and then slowly weaned towards spontaneous breathing. The only patient who had muscle relaxant use was at the anaesthetist’s discretion. The justification was not noted.

“Under Results section, it would be useful to know what the maximum BMI was where the LMA Gastro was used.”
Comment:
We accept this and have described this in the Results section.

“It would be interested to know if demographic data between sedation cases, LMA Gastro cases and intubation cases were significantly different if the authors have the data”
Comment:
We accept these comments and have since extended our audit to enable comparison of not only baseline demographic data between the sedation, LMA Gastro and intubation cases, but also other key end-points as described above.