Author’s response to reviews

Title: Laryngeal mask airway reduces incidence of post-operative sore throat after thyroid surgery compared with endotracheal tube: a single-blinded randomized controlled trial

Authors:

Yahong Gong (yh2087@163.com)
Xiaohan Xu (smartannie@163.com)
Jin Wang (wangjin05@163.com)
Lu Che (tracymaobao@126.com)
Weijia Wang (wangwj1989@163.com)
Jie Yi (easyue@163.com)

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Reply to Comments

Dear Susanne Sujatta, Katherine Saied and Ruediger Noppens,

Thank you for approving our reply in previous version and giving additional comments concerning our manuscript. Those comments are valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our research. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the reply to your comments are as flowing:

Susanne Sujatta, M.D. (Reviewer 1):

P6L1 How much experience in this specific field had the anesthesiologist performing ETT intubation? The question focussed on ETT not FLMA.

Reply: We are sorry for the misunderstanding. Actually, the two anesthesiologists are the most experienced doctors specified in airway management in our department. Both of them inserted ETT in thyroid surgeries successfully for over 300 times. We added this to page 6 line 4-6.
Since a risk of difficult intubation of at least 5 to 8% is to be expected in this patient group, it is an astonishing result to be able to successfully carry out the ETT for each patient right from the start.

Reply: Your concern is highly appreciated. Just as stated in "methods" (P4L27 to P5L7) we excluded patients with preoperative hoarseness, dysphagia, obesity, previous surgeries of the oral cavity or pharynx, estimated surgery time $\geq 4h$, and injury of recurrent laryngeal nerve. Therefore, patients with severe goitre or large thyroid tumor that may compress trachea were excluded, and the incidence of difficult airway thus decreased greatly after exclusion. Second, most of the patients undergoing thyroid surgeries were females (table 1), whose airway conditions were acceptable. Furthermore, the anesthesiologists who placed ETT are really experienced. Based on the reasons above, the one-time successful rate of intubation was 100%.