Author's response to reviews

Title: Awake Video Assisted Thoracic Surgery (AVATS) : Extended Series Report

Authors:

Ara S Klijian M.D. (klijian@hotmail.com)
Michael W Gibbs M.D. (mwgibbs86@hotmail.com)
Nicole T Andonian (nicoleandonian@me.com)

Version: 4 Date: 8 August 2014

Author's response to reviews: see over
Author’s response to reviews

**Title:** Awake Video Assisted Thoracic Surgery (AVATS): Extended Series Report

**Authors:**
- Ara S. Klijian, MD ([Klijian@hotmail.com](mailto:Klijian@hotmail.com))
- Michael Gibbs, MD ([mwgibbs86@hotmail.com](mailto:mwgibbs86@hotmail.com))
- Nicole T. Andonian ([nicoleandonian@me.com](mailto:nicoleandonian@me.com))

**Version:** 2  **Date:** 7 August 2015

Author’s Response to review:

- **during the same period, what is the number of classic VATS procedures and open procedures performed by the same author?**

  **Methods section now includes:** During the same time period, 183 classic VATS procedures and 71 open thoracotomies were also performed.

- **more detailed information about the indication of the procedures (lesions requiring wedge resection, stage of empyema)**

  **Results section now includes:** Most of these wedge resections were performed for diagnosis of small nodules not amenable for fine needle biopsy, diagnosis of processes such as pulmonary fibrosis, benign inflammatory/infectious processes, i.e. fungal masses, and resection of solitary metastatic melanoma or sarcoma.

  Of the 68 decortications performed, all were A2 effusions (>50% involvement of the hemithorax. Eight of these were for early phase empyema, 18 for intermediate phase, and 42 for organized/late phase empyemas. Twenty-eight of these decortications were Category 3 (>50% hemithorax involvement with associated pleural peel/thickening and positive cultures or gram stain, pH, 7.2 and/or pleural glucose >60 mg/dl.) Forty of the decortications were Category 4 (associated with frank pus.)

- **more details about the position of the patient and of the incisions and trocar placement**

  **Results section now includes:** The positioning of the patient was essentially supine with a small gel roll placed under the operative side to elevate the appropriate hemithorax. Incision and trocar placement varied depending on procedure performed/location of lesion. In general one single 10 mm. incision was used for the thoracoscope, and alongside the scope a grasper was placed through the same incision for manipulation of the lung. Secondary incisions were made based upon extent of procedure, but usual followed a standard VATS placement schematic.