Author’s response to reviews

Title: Three-year Experience with Immediate Extubation in Pediatric Patients after Congenital Cardiac Surgery

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Reviewer #1: The comment of "IE can be successfully accomplished in a majority of pediatric patients undergoing surgery for congenital heart disease, including in a minority of infants." may be added to the "conclusions " part of "abstract".

Done.

In the sentences of " All the 0s were excluded in the analyses.", the term of " 0s" may be clarified.

Done. We added some verbiage in the Statistical Analysis Methods to explain this.

Reviewer #2: Thank you for providing me with the manuscript to review. The authors from Miami review their experience over 3 years and compare some characteristics and recovery findings among patients who had immediate, early or delayed extubation following cardiac surgery at their institution. They found that the characteristics between those who had delayed extubation and others were very different and that delayed extubation was associated with longer recovery.
This is an interesting topic and there have been quite a few publications related to early extubation. The issue with this contribution from Miami is that their data analysis is very descriptive and there is very little to learn from their experience. I think however that the authors can improve on that to make it more useful to the readers.

1- They need to expand on their protocols in anesthesia, and early critical care management and how they make early extubation happen.

This is done in the discussion section. We describe our institutional protocol for immediate/early extubation.

2- They need to tell us about case mix and the type of cases that they are extubating early. The characteristics between the groups are very different and there are groups that have published about early extubation in patients who have undergone the Norwood operation or other complex neonatal surgeries and that is likely not the case at the authors' institution. I find it very hard to relate to their submission without understanding the population they are describing. The effect of early extubation on recovery and resource utilization is irrelevant unless we know the studied population.

Added two tables with the case mix. Tables 7 and 8.

3- The tables are very complex and largely not helpful. They need to make it more reader-friendly.

Removed original table 3 and table 6; just described these results in the verbiage of the Results section. Split Table 1 into Tables 1 and 2. Split Table 4 into Tables 4 and 5. Consolidated the Columns in Tables 1 and 4 with N and (%) combined in same column to read: N (%). In Tables 2, 3, 5 and 6 consolidated Columns with Median (Interquartile range) now in the same column. Let me know if this is a more acceptable presentation.

In summary, interesting topic but the paper as it is purely descriptive with no useful analysis or description of anesthesia, surgical and ICU protocols that allow successful extubation. The population needs to be better defined as well. At the current states, there is very little to learn from the experience in Miami.

Added section on extubation protocol and intraop management, since manuscript about immediate extubation. Factors that differ significantly between the groups (IE/EE) vs DE have p values highlighted in bold.