

1. The methodology of the review should be briefly presented: details on literature research should be presented (databases-electronic-manual searching, key words, type of articles, number of relative articles used in the review, etc). **Added a methodology section. I did not keep track of all the search words used, however I tried to add the major ones that I could remember.**
2. Since a few relative recent reviews on the same subject already exist in the literature, I consider that the authors should focus more on new information that can be found in literature about early tracheal extubation/fast track anesthesia in liver transplantation (for example, are there relative data on use of remifentanyl, sugammadex, desflurane, monitoring of anesthetic depth - dexmedetomidine, PCEA, etc?) I mean some of the above may accelerate the recovery of anesthesia, while others can improve postoperative analgesia and concomitantly reduce opioid consumption. The authors state that they do not commonly use BIS; nevertheless, are there evidence to support that the use of BIS would help in fast tracking? **As you have noted, all of your suggestions above can increase recovery from anesthesia but have not been studied in rapid recovery of liver transplant patients per se. Their benefits can be implied from studies on non-transplant patients, but I am hesitant to include that in the review as the physiology and comorbidities of end stage liver disease can greatly alter metabolism from “healthier” patients. Toprak used BIS monitoring to gauge the variability of isoflurane needed, as cited in the article, but did not use it to facilitate fast track anesthesia.**
3. The authors’ personal experience is more than valuable. I wonder though, if any of the presented information (from the authors’ centre) has been published before in the form of original article-prospective or retrospective study? This would increase the power and significance of the description –regarding suggested clinical practices. **The articles by Plevak, Torsher and Taner, et al, are from our institution, however there is we have not published any research on our anesthetic practice per se.**
4. All statements should be supported by relevant references (especially in the introduction where there are no references) **I added a few references that support the context. I was speaking from experience gained from 10 years of transplant anesthesia practice and discussions with other members of the community.**
5. All the abbreviations used should be presented in full words the first time they appear in the manuscript. **Corrected these.**

Specific Comments:

1. In the section “Anesthesia for Fast Track” 2nd line: “...This typically consisted of thiopental or propofol combined with narcotics at induction,.. for maintenance”: the word narcotics should better be avoided and replaced. **Changed to opioids**
2. The authors write: “Concern has been raised over the use of propofol infusions for liver transplantation based on the fact that concentrations appear to increase during the anhepatic phase. 25 26”: what about TCI propofol ? is it advantageous? Is there relevant literature? **There is only one paper regarding TCI propofol**

- and liver transplantation and it was cited in the paper (Tremelot).. They found that they had to adjust the dosage during the anhepatic phase. They did not look at outcomes so I did not elaborate on it too much in the paper.**
3. Page 7: “These finding necessitate...”: please correct to “findings” **Corrected**
 4. Page 7: “These finding necessitate careful titration of these agents in...”: I suggest rewording of this sentence- **Added “to prevent delayed emergence”**
 5. Page 8: The authors write: “Most often, neuromuscular blockade is achieved with atracurium or cis-atracurium, however vecuronium, rocuronium, and pancuronium have all been employed in studies evaluating early extubation.”: they should support this statement with relevant references. **I added a reference to an article with excellent tables summarizing anesthetic management.**
 6. Page 8: The authors write: “Since the latter, caution should be used when these medications.”: this sentence needs editing. **I improved the wording in the sentence to prevent confusion.**
 7. Are there available data regarding the use of sugammadex to reverse rocuronium in liver transplantation for early extubation? **Sugammadex has not been approved for use in the USA where we practice so we are not familiar with it use. I could not find any articles regarding sugammadex and liver transplantation.**
 8. Regarding postoperative analgesia, are there any suggested regimens or analgesic methods that are advantageous in fast track liver transplantation? Is there a place for multimodal analgesia? Apart from the experience of authors’ institution are there relative data from the existing literature? **I could not find any information with regard to pain control for fast track transplantation.**