

Dear Editor-in-chief of the World Journal of Hepatology:

We would like to submit the revised version of the manuscript entitled “The role of epidural anesthesia in a fast track liver resection protocol for cirrhotic patients - results after three years of practice” for publication as an invited Original Article (ID:00027070) in the World Journal of Hepatology.

Following your email of instructions for review, we would like to answer the reviewers.

Reviewer 71717 pointed out the novelty and overall good presentation of the research without pointing out any problem with the scientific content or the language of the manuscript, hence we did not alter the content of our manuscript following this reviewers review.

Reviwer 6258 pointed out a few issues within our study which we will address separately:

1. The control group is composed of patients who refused placement of catheter for epidural. The authors should comment on whether this refusal was based on clinical decisions or diagnoses that are likely to impact upon subsequent survival or outcomes following surgery. It is clear that broadly diagnoses in the two groups were similar but one wonders if there are specific reasons why the epidural was not used for the control group

We explained in the methods paragraph how the control group was selected and there is no other criteria which were used in its determination, hence it was composed by patients refusing the placement of the epidural catheter following the preoperative interview with the anesthetist.

- 2) Was the surgical team the same for procedures incorporating and not using epidural (i.e. do the same surgeons perform the resection?)

The surgical team performing the operations was the same throughout the study period and we have added this information to the methods paragraph.

- 3)There is a typo in Table 5 and the legend for this figure should be expanded to include definitions of all abbreviations for clinical scoring systems for complication severity assessment

we corrected the typo and enlarged the legend of this figure.

- 4) One possible deficiency of the study is the duration of monitoring for outcome (up to 1 week post discharge). It would be interesting if the authors could comment on whether there were any longer term benefits of the ERAS protocol.

We agree with the reviewer regarding the limited time for post operative monitoring that our study considered. However, given the retrospective nature of this study, any follow up extending beyond hospital discharge would have made data collection more prone to misinterpretation. Hence in order to be able to present the most reliable data we chose to limit the observation period. It is however a good observation, which should be taken into consideration when designing a possible prospective study regarding this matter.

We confirm that this manuscript has not been published elsewhere nor it is being evaluated by another journal. All authors have approved the manuscript and agree with the submission to the World Journal of Hepatology. The authors have no conflicts of interest to declare.