

**Reviewer #1**

The meta-analysis is very exhaustive and methodology seems robust. However, the fact that the authors found no differences between propofol and the comparison groups for various outcome and safety measures is surprising. This is particularly true for parameters like recovery times. This finding can be partially explained by the fact that even though subjects were randomized, there was probably no or little adjustment for propofol doses, which tend to be very high when administered by anesthesiologists (who are trained to target deep sedation as opposed to moderate sedation). I think there should be some examination of this issue in the Discussion. There are also numerous minor grammatical, spelling and typographical errors throughout the manuscript.

**Answer:**

We thank the reviewer for their thoughtful comments and input. We agree with the reviewers comments regarding adjusting for propofol dose and have made reference to that in our discussion.

We have also reviewed and addressed all the grammatical and typographical errors in the text to the best of our ability.

**Reviewer #2**

There is no discussion of the cost of propofol, which requires the use of an anesthesiologist in the USA, compared to the use of benzos and narcotics, which are administered by the endoscopist. Perhaps some comment should be made here.

**Answer:**

Thank you for your comment. This is an important point to highlight the impact of cost. We have made changes in our discussion to reflect the importance of considering cost utility analysis for future similar studies.