

## Answering Reviewers

1. Language polishing has been revised.

2. Discussion has been shortened.

“Riley et al. recommended puncturing the IJV after deflating the cuff to facilitate IJV puncture after LMA placement. The reason for this is that the pulsation of the CCA becomes easier to palpate by deflating the cuff, thereby making it easier to puncture the IJV. However, deflating the cuff results in less adhesion with the airway, and leading to the risk of inadequate ventilation. Therefore, in our study, the positional relation between the IJV and CCA with the cuff still inflated was measured using an ultrasound scanner. We hope the result can guide the IJV cannulation and reduce complications” is deleted.

“A review by Asai and Brimacombe re-emphasized the fact that LMAs are often over-inflated by anaesthetists, and the pressure exerted by the cuff of the LMA can be in the region of 80-110mmHg, well above the standard of 60 cm water recommended, which may compress or distort the vein” is deleted.

“Lenoir RJ et al observed the relationship between IJV congestion and LMA cuff pressure, and found that very high cuff pressure was associated with marked venous congestion of the neck, and the incidence of venous congestion was also reduced in association with lower cuff volumes, and not observed at all in patients in whom the LMA cuff was inflated just above airway leak pressure. In the study of Lenoir RJ, the author used purple discoloration of the skin of the neck and/or face to define whether venous congestion exist. In our study, we used Doppler to measure the IJV cross sectional area and blood flow velocity to study the blood flow of IJV. The pressure of the cuff of the LMA was inserted to 60 cm H<sub>2</sub>O as recommended” is deleted.

“The result means that congestion of the IJV can exist when the pressure of the cuff was 60 cm H<sub>2</sub>O” was replaced by “The result means that congestion of the IJV can exist when the LMA is inserted”.

3. There is no follow up data.