

### Specific comments:

1. abstract: WHAT Was used to examine differences in numbers of emergency surgeries performed and their indications after the Covid-19 emergency outbreak and the total lockdown started, compared to the exact same period last year in 2019?

*We examined the number of emergency surgeries performed and patient outcomes during the peak of the Covid-19 outbreak in Italy and subsequent total lockdown. We then drew a comparison with the number of surgeries performed and their outcomes during the same period in 2019.*

*Patient data were collected through the following:*

- the SAP (Systeme, Anwendungen, Produkte in der Datenverarbeitung) database of the hospital
- the archive of scanned folders to e-care CUP (centro unico di prenotazioni) 2000
- the Ormaweb (Dedalus Spa) operating registry

2. Why "The fatality rate after surgery during the pandemic was decreased to 11,1% compared with the 19,6% registered in 2019? This should be discussed, and compared with other studies.

*Furthermore, the higher complication rate following surgery that was reported during the lockdown period may stem from the fact that surgical patients were reaching out to the hospital too late, even though the sample size of the present study was small and can't be statistically relevant in terms of mortality and complications rate.*

3. The study of elective surgery and its impact on mortality during the epidemic should be cited and discussed (e.g.. Lei S, Jiang F, Su W, Chen C, Chen J, Mei W, Zhan LY, Jia Y, Zhang L, Liu D, Xia ZY, Xia Z. Clinical Characteristics and Outcomes of Patients Undergoing Surgeries During

the Incubation Period of COVID-19 Infection. EClinicalMedicine. 2020 Apr 5:100331. doi:  
10.1016/j.eclinm.2020.100331.

*Our paper doesn't analyze elective surgery during COVID outbreak, we focused on  
admissions in Emergency Surgery*