

Response to Review Comments

1. Answer for Reviewer

Reviewer's comment:

This study confirmed the hypotheses; the conclusions appropriately summarize the data that this study provided. There are some results that need to be supplemented.

The discussion part needs to be strengthened.

Reply to Reviewer:

According to the comment of Reviewer, we add several paragraphs with relevant references into the manuscript that were underlined.(Page 10, Line 204-213; Page 11, Line 218-222; Page 13, Line 252-255; Page 13 Line 216-Pgae 14, Line 269). We also discussed more about the results in the meanwhile.

2. Reply to EDITORIAL OFFICE'S COMMENTS

(1) Science editor:

Specific Comments To Authors: The manuscript compares the sleep quality of female patients after total intravenous anesthesia with propofol and total inhalation anesthesia with sevoflurane. It is an interesting manuscript. Nevertheless, there are a number points that may deserve some revisions. 1.2. The format of the table should be a three-line table. Does the author consider whether other postoperative behaviors will affect sleep indicators? Will different types of surgery affect patients' sleep quality? A study with small sample size. Scientific Quality: Grade C Language Quality: Grade C Recommendation: Conditional acceptance.

Reply to The Science Editor:

1. The format of the table is revised into a three-line table.

2. Does the author consider whether other postoperative behaviors will affect sleep indicators?

Answer: This is a retrospective study that collected data on the 1st post-operative day as a routine follow-up. We therefore could not include other information regarding personal habitual behavior that might affect sleep. However, we routinely advise the patients to go to bed as usual that was supposed to minimize the confounding effect caused by other incidental behavior.

3. Will different types of surgery affect patients' sleep quality?

Answer: As said in the second paragraph of Discussion, we confined the study subject as “female patients undergoing minor gynecological procedures” in consideration of preventing unpredictable effects caused by different procedures.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Peer reviewer's comments: 1. Please provide “Recovery time”; “adverse effects such as nausea, vomiting” 2. Please provide “hemodynamics during the surgery”; 3. Please provide “Sample size calculation” ; Are the anesthesiologist and the telephone follower the same person? 4. Whether to give patients analgesics after surgery? 5. Have you assessed the degree of postoperative throat pain or discomfort? 6. Have you considered the impact of pharyngeal discomfort caused by the laryngeal mask on the quality of sleep? 7. The Interval from discharge to sleep was 553-572 minutes. In these long Interval time, did the patients sleep? Will the patient's postoperative actions affect the night's sleep? Should collect data such as the total amount of sleep time in the entire 24 hours after medication? Please provide the original figure documents.

Reply to Science Editor:

1. Please provide “Recovery time”; “adverse effects such as nausea, vomiting”

Answer:

1. According to the records of Post-Anesthesia Room, average recovery time is about one hour for these two groups. The data of Recovery Time were added into

Table 1.

2. Since we excluded patients with nausea/vomiting (Page 5,Line 93-94, Method, 2nd paragraph Study design), we only add dizziness to Adverse effect in Table 1.

2. Please provide “ hemodynamics during the surgery”

Answer:

In Page 6, Line 114-116:

The maintenance of stable vital signs aimed at controlling heart rate and blood pressure within 20% upper or lower of baseline measurement throughout the whole surgical course.

3. Please provide “Sample size calculation” ; Are the anesthesiologist and the telephone follower the same person?

Answer:

1. Sample size is about 30 by the confidence level of 95%, the margin of error of 5% and the population size of 32.

2. The anesthesiologist was not the telephone follower. The telephone follower was an anesthetist whose duty was specified in post-anesthetic follow-up.

4. Whether to give patients analgesics after surgery?

Answer:

In Page 6, Line 123-124, Method, 3rd paragraph, Anesthesia:

「 Acetaminophen 500 mg was given for postoperative pain if the patient requested for analgesia. 」

5. Have you assessed the degree of postoperative throat pain or discomfort?

Answer:

Only one patient in Propofol group and 2 patients in Sevoflurane group complained of dizziness instead of throat pain.

The patient number with dizziness was added into Table 1 as adverse effect.

6. Have you considered the impact of pharyngeal discomfort caused by the laryngeal mask on the quality of sleep?

Answer:

No patient complained of discomfort in throat. Therefore, we confirmed that smooth use of laryngeal mask for a short period did not cause evident discomfort in throat.

7. The Interval from discharge to sleep was 553-572 minutes. In these long Interval time, did the patients sleep? Will the patient's postoperative actions affect the

night's sleep? Should collect data such as the total amount of sleep time in the entire 24 hours after medication? Please provide the original figure documents.

Answer:

In Page 5, Line 93-94, (Method, 2nd paragraph, Study design):

Revised as: 「Except patients who had extra sleep before usual bedtime after returning home, we also excluded patients with history of opioid use or postoperative nausea/vomiting.」

The original figure documents were uploaded to supplementary material.

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Answer:

- 1.The Figure 1 was designed and generated by authors ourselves. A PPT slide containing the figure with Copyright ©The Author(s) 2022 will be uploaded.
- 2.The Tables were revised into 3-line pattern.