

December 15, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1011-review.doc).

Title: Deep sedation events during gastrointestinal endoscopy: study between regimens propofol-fentanyl and midazolam-fentanyl

Author: Marcos Eduardo Lera dos Santos, Fauze Maluf-Filho, Dalton Marques Chaves, Sergio Eiji Matuguma, Edson Ide, Gustavo de Oliveira Luz, Thiago Ferreira de Souza, Fernanda C. Simões Pessorusso, Eduardo Guimarães Hourneaux de Moura, Paulo Sakai.

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 1011

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated
2. The paper was sent to an English revisor
3. Editing revision has been made according to the suggestions of the reviewer
 - a. Title has been changed to 12 words
 - b. Abstract size has been shorten
 - c. Key words were included
 - d. Change in decimal spaces of doses
4. Answers to reviewer:
 - a. Please rephrase the conclusion and include there the quick recovery and your conclusion if an anaesthesiologist is or is not mandatory? both in the abstract and at the end of the discussion
 - Abstract Conclusion: "Also, we found that there was a trend toward BIS to return to its initial value more rapidly in propofol-fentanyl group than in the midazolam-fentanyl group, what means a faster recovery in that patients. We

believe that, in patients with low anesthetic risk (ASA I and II), the presence of the anesthesiologist is not mandatory.”

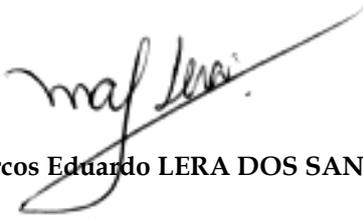
- We included our view on the subject at the last paragraph of the "Discussion" section:
“In our view patients classified as ASA I or II, if properly evaluated and monitored, can be safely subjected to diagnostic upper gastrointestinal endoscopy under sedation with the propofol-fentanyl combination at doses targeting conscious sedation. We also believe that the presence of an anesthesiologist is not mandatory in this setting. The use of this regimen can increase physician satisfaction and productivity.”

b. The frequency of desaturation was very high in the propofol-fentanyl group, this needs to be adequately commented: “The close monitoring of the patients during sedation may explain the relatively high rates of transient mild hypoxemia.”

5. A file with the Figure 4 Graphic is been attached as excel to allow edition
6. References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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