

## Format for ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 16495-Review.doc).

**Title:** Bradycardia and hypotension during pediatric scoliosis surgery-hypovolemia or spinal shock?

**Author:** Cengiz Karsli, Samuel Strantzas, Olivia Finnerty, Laura Holmes, Stephen Lewis

**Name of Journal:** *World Journal of Anesthesiology*

**ESPS Manuscript NO:** 16495

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

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewer:

Reviewer 1

(1) It is an interesting case. Bradycardia and hypotension during scoliosis surgery are also common episodes during scoliosis repair operation. (2) The author did not notify the body weight (BW) of this patient. If the patient's BW was more than 20 kg, some of the cardiac output (CO) monitoring (e.g. bio-impedance cardiac output monitor) can be used intra-operatively for such high and complicated surgical procedure. I have one question: Why the author didn't use CO monitor during surgery and anesthesia? Should they give some discussion or interpretation on this question in the manuscript?

Response: Thank you. This is an interesting point. I have included your suggestion in the section titled Peer Review. In short it is not in our practice standard to perform non-invasive cardiac output monitoring in these patients. Our patient was over 20 kgs. We did perform an intraoperative echocardiogram to rule out a primary cardiac cause and to verify normal contractility and the absence of an intracardiac obstruction.

Reviewer 2

(1) The manuscript suffers from language problems. Please revise.

Response: Thank you. We have reviewed the grammar and sentence structure of the manuscript for errors. Please let us know if you have found errors in the revised manuscript and I will be happy to correct them.

(2) Please use/provide (also) SI-units throughout the manuscript.

Response: We use only SI units and have found no discrepancies.

(3) Discussion: What "clinical" needs provide "a constant balance between vasoconstriction and vasodilatation"? I suppose that basal physiological needs are addressed here... -Please explain all abbreviations in the text before using them.

Response: Thank you. We have ensured any abbreviations are defined upon first mention. Although this manuscript describes physiologic principles the clinical take home message is to be prepared to diagnose and treat spinal shock as well as hemorrhagic hypovolemia in these cases.

3 References and typesetting were corrected.

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

Sincerely yours,

Cengiz Karsli