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Title: How to improve satisfaction with sedation using midazolam that is still a safe and effective sedative for Gastrointestinal Endoscopy?

Dear. Editor-in-Chief of *World Journal of Gastroenterology*.

We wish to thank you and the reviewers for the valuable comments and helpful suggestions. We replied to all the comments by three reviewers as written below. Their valuable comments made our manuscript better.

We are submitting the revised manuscript, on which the changes were highlighted by using colored text in the revised manuscript. The point-by point response to each comment suggested by the reviewer is given on separate pages that we have enclosed.

We hope that this revised version will fulfill the requirements for publication in the **World Journal of Gastroenterology** and give you satisfaction. The authors really appreciate the reviewers' invaluable and thoughtful comments and the opportunity to improve the manuscript.

Sincerely,

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Reply to Reviewer's comments

Reviewed by 02953396

addition of meperidine during colonoscopy/combined procedures does not evaluate the efficacy of only midazolam.

Reply

Thank you very much for your thoughtful comment. **"All patients underwent examinations with sedation by intravenous midazolam; meperidine was added for patients undergoing colonoscopy."**. In this study, all patients who underwent colonoscopy received intravenous meperidine. Because they got the same dose of meperidine (25mg), we supposed the effect of meperidine was equal in colonoscopy group and combined group. Moreover, we analyzed satisfaction according to procedure type, such as esophagogastroduodenoscopy, colonoscopy and combined procedures (Table 3,4,6). Within each group, patient received same dose of meperidine and different dose of midazolam. Thus, we analyzed satisfaction focused on midazolam dose. We added the comments in Method section: **"25mg dose of meperidine was added for all patients undergoing colonoscopy."** (Page 9 Line 7)

Reviewed by 03663867

A pleasure to read about this interesting topic regarding the patient/customer's perception of adequate sedation that corresponds to the use of drug. A discussion regarding cost comparison of the drugs may add another dimension to drug selection by the Endoscopist/Medical center. The limitations in the study design are concerning.

Reply

Thank you very much for your critical comment. I totally agree with your opinion. Not only economical focus but also safety was important to select sedative medications. We changed and added the comments in Discussion section:

"**Because propofol provided more rapid recovery than midazolam[21], it has the merit of postprocedure neuropsychologic function over midazolam[22]. Moreover, a previous study showed that propofol was cost-effective in critical illness and emergency situations[23]. However, its cost-effectiveness in outpatient endoscopy is yet unknown. It is important to select sedative medication not only for economic reasons but also for its safe use. Propofol's narrow therapeutic window necessitates close patient monitoring because of the risk of adverse cardiopulmonary events [14].**"(Page 14 Line 20-28).

Reviewed by 02941507

Although the authors recognize that "…our work has several limitations…", they are referring to only two. If they actually feel that there are no other limitations, then the word "several" should be replaced by the word "some". Indeed, the fact that there was no re-examination of the patients after one or more days represents a limitation on which the authors should dedicate further discussion. Most of the relevant studies have concluded that future studies with patient satisfaction may require an assessment some days after the day of endoscopy.

Reply

Thank you very much for your important comment. I totally agree with your opinion. In this stud, there was **no patient** who had re-examination within few days. As your comments, changed and added the comments in Discussion section:

"First, we collected the post-procedure survey from patients on site, usually in the recovery room. Patients may have been hesitant to provide responses indicating dissatisfaction in the presence of clinical staff. For this reason, our study showed

higher satisfaction scores in on-site surveys than in mail-back surveys[25]. In addition, patients in the recovery room may still have been under the influence of midazolam and, as such, unable to answer all questions accurately. **While the patients in this study answered our surveys on the day of the endoscopy examination, previous studies collected such data a few days after the examination via telephone surveys or used a mail-back system** [7, 16]. However, the response rate to telephone or mail back surveys could be lower than that to the on-site survey [25]. Even though the on-site survey has weaknesses, the magnitude of the differences is small, and the on-site method is simple and associated with a higher response rate than mail-back surveys. (Page 15 Line 2-14).