

This is very interesting paper. Local wound infiltration with ropivacaine is good effect for pain relief and stress response (Epinephrine, norepinephrine, cortisol) after open hepatectomy. I ask some questions.

1. How about postoperative cytokine (TNF  $\alpha$ , IL-8 etc.) after hepatectomy in this paper?

The postoperative cytokine (TNF  $\alpha$ , IL-8 etc.) is not included in this paper. Surgical pain increases the systemic stress response during the perioperative duration and the three hormones (epinephrine, norepinephrine, and cortisol) can represent the surgical stress response. In this paper, one of our concerns is about surgical stress, and other cytokines may be our following concerns in the future study.

2. What kinds of surgical procedure for irregular hepatectomy in Table1?

Irregular hepatectomy means the liver tumor resection is not followed the liver anatomy, and the resection principal is to make sure the surgical margin is negative.

3. According to Table 1, ropivacaine case is 2, but control is 13. Please tell me the case difference for irregular hepatectomy between ropivacaine and control.

Thank you for you careful review. This situation may be our selective bias and more cases enrolled in future study may reduce this phenomenon.