

## Reply to the comments

Dear reviewers,

Thank you very much for your comments on our manuscript entitled “Rapid rehabilitation technique with integrated Traditional and Western Medicine for postoperative-gastrointestinal function” (48173). The comments are very helpful for revising and improving our paper. We carefully revised our manuscript according to the comments. Please find our attached reply to comments as follows:

1. **Suggestion:** I would write in the conclusion instead TCM exerts positive effect on the recovery ... other statement which might stress this effect as a significantly better than standard approach for patients after colorectal surgery.

**Response:** Thank you for the useful suggestion. The conclusion was amended as suggested. The description is changed in the conclusion part in blue in Page 4 and Page 17.

2. **Suggestion:** The authors need to clarify: If discharge from hospital was based on certain criteria; presumably the criteria were known for the investigators and I assume that once these criteria were met, the patients were deemed safe to be discharged from hospital (this point is important due to the authors’ economic summary).

**Response:** We accepted this useful comment made on our work. Thank you. The discharge from hospital was based on certain criteria. The description of this part is added in the “Hospitalization expenses index” part in blue, Page 10-11.

3. **Suggestion:** Early postoperative enteral feeding and mobilization after surgery could be essential for the study results (were significant differences in ERAS surgical protocols? If they cannot confirm this then they should write about it as a limitation).

**Response:** Thank you for this insightful comment. Early postoperative enteral feeding and mobilization were different in ERAS surgical protocols, which may exert influence on the results. We agree that this is really a limitation. The statement of this part is added in blue in Page 14.

4. **Suggestion:** Were opioids mainly used of postoperative pain management after the

surgery or also other medications e.g. tramadol, dexmedetomidine or other painkillers which could reduce opioid requirements. Presumably, the approach for the patients was individualised but it could be relevant for monitored symptoms which were assessed by the investigators. Also, clear statement should be given – if a problem then it should be described as a limitation.

**Response:** Thank you for the useful suggestion. The different painkillers applied for postoperative pain management could be a limitation, which was difficult to avoid. The limitation was described in revised manuscript in blue, Page 14.

We now feel that this paper has been substantially improved. Thank you for spending time working on our paper. We look forward to hearing from you.

Yours Sincerely,

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