

Dear Editor,

**Title:** Controlled low central venous pressure reduces blood loss and transfusion requirements in hepatectomy

**Author:** Zhi Li, Yu-Ming Sun, Fei-Xiang Wu, Li-Qun Yang, Zhi-Jie Lu, Wei-Feng Yu

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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

(1) reviewer 1

The reviewer has no major concerns except the following corrections, marked in red.

**Answer:** Thank you for the suggestion. The manuscript has been corrected according to your suggestion.

(2) reviewer 2

Hepatectomy is with potential risk of large blood loss, and subsequent blood transfusion is associated with postoperative morbidity and mortality. Previous studies have suggested that intraoperative blood loss volume is correlated with the central venous pressure (CVP) [Br J Surg 85: 1058-1060, 1998]. In the current study, the authors designed to investigate the effect of low CVP on blood loss, blood transfusion and duration of operation in patients undergoing hepatectomy by meta-analysis. The results suggested that controlled low CVP reduced blood loss, blood infusion and surgical time during hepatectomy. The study is important and with the potential for clinical application. Methodology sounds ideal. The presentation is clear.

There are some minor issues suggested to be addressed.

1) Conclusion in the abstract- The sentence "Controlled LCVP is a simple and effective technique to reduce blood loss and blood infusion during liver resection, and

has no detrimental effects...” are suggested to be “Controlled LCVP is a simple and effective technique to reduce blood loss and blood infusion during liver resection, and seems to have no detrimental effects...”.

**Answer:** Thank you for the suggestion. These sentences have been revised.

2) There are some studies suggesting that central venous pressure was not the important factor affecting blood loss in patients undergoing hepatectomy (*Acta Anaesthesiol Scand*, 2009, 53:601-606). It is suggested to be discussed in the discussion section.

**Answer:** Thank you for the good suggestion. We have added some discussion into the discussion section.

3 References and typesetting were corrected.

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

Sincerely yours,

Wei-Feng Yu, MD

Professor of Anesthesiology

Department of Anesthesiology

Eastern Hepatobiliary Surgery Hospital

Second Military Medical University

Shanghai 200438, China

E-mail: [ywf808@sohu.com](mailto:ywf808@sohu.com)