

World Response to Reviewer Comments

Reviewer #1: Dear authors Thank you for submitting your paper to the World Journal of Transplantation, it is certainly well-written paper. I have few comments about the paper, I wonder if you can add few details about the IV sedation (type and dosage) that you used in each group. Did you use anxiolytic medication? and if there is a discussion with the patients about the anesthetic technique and the plan to relieve their concern and anxiety? As you know, talking to patients and establishing an effective line of communication and rapport is a great way to help patients to understand the procedure and relieve anxiety and apprehension.

Reviewer #2: The study gives a clinical value that music can be an adjunctive treatment for patients undergoing fistula surgery. The samples were small.

Reviewer #3: The article is very interesting for professionals involved in the field of vascular access for hemodialysis. I congratulate authors for this topic. According to me this article can be accepted for publication,

Dear Reviewers,

Thank you very much for your interest in our article. Based on the main body of the reviews and suggestions we have divided issues and questions into three parts and have answered them one by one below.

Question 1: The reviewers would like to know the details about the IV sedation (type and dosage) that were used in each group.

Reply 1: All patients involved in the study received local anesthesia only for the procedure. A requirement for IV sedation was an exclusion criterion for the study as mentioned in the article.

This exclusion criterion was important for the clarity of the study as IV sedation may have a direct influence on the anxiety measurements, blood pressure, heart rate and oxygen saturation of the patients which would create an absolute bias for all study results.

Question 2: The reviewers would like to know whether any anxiolytic medications were used in the study.

Reply 2: No anxiolytic medication was used in the study. This was also an exclusion criterion for the study, mentioned in the text, as the use of anxiolytics can interfere with anxiety-related measurements which are the main outputs in our clinical study.

Question 3: The reviewers would like to know if there happens to be a discussion with the patients about the anesthetic technique before the arteriovenous fistula creation surgery.

Reply 3: Prior to any surgery in our center, as a common practice, we inform our patients about the type of anesthesia and the surgery they will receive with the reasons and possible outcomes. During these discussions, we try to answer their questions to the best of our knowledge. We also have them sign a consent form, saying that they understand the procedure and the risks involved.

We fully agree with the reviewers that, talking to patients and establishing rapport is a great way to help patients understand the procedure and relieve their anxiety.

Question 4: Relatively small sample size was criticized by the reviewers.

Reply 4: Due to the many exclusion criteria we had in the study (only adults with no prior psychiatric disorder, not using anxiolytics, has received only local anesthesia during the procedure, no hearing deficit so can listen to music or be exposed to natural operating room sounds, no prior Arteriovenous fistula surgery) to remove all confounding factors and produce an unbiased result we were able to include 41 patients in the study. However, we were able to reach statistical power to underpin the differences between the study groups.

Thank you.

Kind Regards,

Sanem Cimen