

Dear Lian-Sheng Ma,

We appreciate your helpful comments and those of the reviewers. We feel that the manuscript is now improved. Revisions based on the comments/suggestions of Reviewers #1, 2 were made. The comments of each reviewer are numbered below, followed by a response indicating the modifications made.

**Reviewer #1:** Comments: 1. The title of this manuscript is “Abdominal compartment syndrome among surgical patients”. 2. The abstract summarized the work described in the manuscript, but it didn’t highlight things about surgical patients.

- Thank you for your revision and suggestions. We modified the abstract to highlight aspects of surgical patients as discussed in our manuscript:

“Abdominal compartment syndrome develops when organ failure arises secondary to an increase in intraabdominal pressure. The abdominal pressure is determined by multiple factors such as blood pressure, abdominal compliance and other factors that exert a constant pressure within the abdominal cavity. Several conditions in the critically ill may increase abdominal pressure compromising organ perfusion that may lead to renal and respiratory dysfunction. Among surgical and trauma patients, aggressive fluid resuscitation is the most commonly reported risk factor to develop abdominal compartment syndrome. Other conditions that have also been identified as risk factors are ascites, hemoperitoneum, bowel distention and large tumors. All patients with abdominal trauma possess a higher risk in developing intra-abdominal hypertension. Certain surgical interventions are reported to have a higher risk to develop intra-abdominal hypertension such as damage control surgery, abdominal aortic aneurysm repair and liver transplantation among others. Close monitoring of organ function and intra-abdominal pressures allows clinicians to diagnose abdominal compartment syndrome rapidly and intervene with a target-specific management to reduce intra-abdominal pressure. Surgical decompression followed by temporary abdominal closure should be considered in all patients with signs of organ dysfunction. There is still a great need for more studies to determine the adequate timing for interventions to improve patient outcomes.”

**Reviewer #2:** Comments: The subject of this review is welcome not only for intensive care physicians but for everyone since this kind of complication may occur in any field of medical care. The algorithm is very useful for the diagnosis and treatment of these patients

- Thank you for your comments. We appreciate the insight provided to our paper.