To,
The Editor,
World Journal of Gastroenterology,

Subject: **Artificial intelligence in Perioperative Management of Major Gastrointestinal Surgeries**

Dear Editor,

I thank you for considering our research paper for publication in your esteemed journal. I also thank the reviewers for their critical review about our work, which has led to improvement in the quality of the paper.

As per the requirement, I am hereby giving a point to point explanation to the reviewer's comments and have highlighted the changes in the manuscript

Round-1

Comments:

In the article "Artificial intelligence in Perioperative Management of Major Gastrointestinal Surgeries" authors have reviewed the commonly used AI aids during the perioperative period. The way it is displayed is logical. Both surgical and anesthesiological part of patients' treatment in perioperative care is included. What I suggest improving is the paragraph that would deal with joint, surgical and anesthetic decision making process based on ML data. While the text is interesting and provides new information about the current status of AI within perioperative care, the illustrations do not add significantly to the quality of the article, and may be improved.

Author Response:

1. The following paragraph has been added in Conclusion. 'Times ahead will definitely allow the patient entering the clinic to be given accurate perioperative risks related to both anaesthesia and surgery as per data, surgery and patients history. Intraoperatively along with automated anaesthesia and robotic surgery, AI will help predict events like hypotension or delay in surgical step or avoid near misses. AI will identify postoperative complications like sepsis or renal failure as well as anastomotic leak to plan for intervention early.'

2. Illustrations have been improved as suggested throughout the manuscript.

Round-2

Comments:

Reviewer #1: My only comment is that all the improvements expected after the introduction of AI are possible but not completely certain. Therefore verbs like "will be, will revolutionize, will accelerate or will improve" should read at least in part of the above statements "could become, could improve, could reveal" etc. As always, the introduction of new technologies carries some uncertainty. After the revision was submitted, this manuscript is acceptable for publication.

Author Response:

1. The following paragraph has been modified Conclusion. 'Times ahead could definitely allow the patient entering the clinic to be given accurate perioperative risks related to both anesthesia and surgery as per data, surgery and patients history. Intraoperatively along with automated anaesthesia and robotic surgery, AI could help predict events like hypotension or delay in surgical step or avoid

near misses. AI could identify postoperative complications like sepsis or renal failure as well as anastomotic leak to plan for intervention early.'