

Manuscript No.: 68979, Case Report

Title: Combined fascia iliaca compartment block and monitored anesthesia care for the geriatric patients with hip fracture: two case reports

Journal: World Journal of Clinical Cases

Response to Reviewer's Comments

Dear Editor-in-Chief,

We thank the Editor-in-Chief for the response about our manuscript entitled "Combined fascia iliaca compartment block and monitored anesthesia care for the geriatric patients with hip fracture: two case reports", submitted for consideration for publication in the World Journal of Clinical Cases.

We are grateful to the Editor-in-Chief and Reviewers for the sound and constructive comments. By addressing these remarks, questions, and suggestions (see the point-by-point response below), we think we have substantially improved our manuscript.

We hope the current version would fulfill your editorial requirements. Please contact me if you have further questions.

Best wishes,

Li Zhan

POINT-BY-POINT RESPONSES TO THE COMMENTS OF REVIEWER #1

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Osteosynthesis of the hip fracture by PFNA is a very short procedure. I have performed more than 10 cases under local anaesthesia in patients in a poor general condition. THA is quite challenging. Do you have a backup plan in case the anaesthetic wears off or is not effective enough? Or did you consider stopping the operation if that happened? It would be helpful to specify the necessary preparations for the reader.

Response: Thanks for your comments. Compared to PFNA, THA is quite challenging. So, we used this anesthesia strategy skillfully before we tried to apply it to patients with THA. I have described the question in the DISCUSSION part: we routinely prepared drugs and instruments were used for tracheal intubation in case of emergency. In the current clinical study, we encountered geriatric patients whose FICB combination with low dose MAC could not meet the surgical needs and required further intubation under general anesthesia. Since FICB was carried out, the general anesthetic and intraoperative blood loss were decreased, postoperative deep vein thrombosis was prevented, and the incidence of postoperative delirium, nausea, vomiting, regional pain syndrome, and cardiovascular complications were reduced.

POINT-BY-POINT RESPONSES TO THE COMMENTS OF Science editor

1 Scientific quality: The manuscript describes a case report of the combined fascia iliaca compartment block and monitored anesthesia care for hip fracture. The topic is within the scope of the WJCC. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: Osteosynthesis of the hip fracture by PFNA is a very short procedure. I have performed more than 10 cases under local anaesthesia in patients in a poor general condition. THA is quite challenging. Do you have a backup plan in case the anaesthetic wears off or is not effective enough? Or did you consider stopping the operation if that happened? It would be helpful to specify the necessary preparations for the reader; (3) Format: There is 1 figure; (4) References: A total of 10 references are cited, including 1 reference published in the last 3 years; (5) Self-cited references: There are no self-citations; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A. A language editing certificate issued by MedSci was provided. 3 Academic norms and rules: The authors provided the CARE Checklist – 2016, and the Signed Informed Consent. The authors should provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC. 5 Issues raised: (1) The title is too long, and it should be no more than 18 words; (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (3) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS",

“TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision. 6 Recommendation: Conditionally accepted.

Response: Thanks for your comments. The title has changed to: Combined fascia iliaca compartment block and monitored anesthesia care for geriatric patients with hip fracture: two case reports.

The original picture has attached this time.

The “Case Presentation” section have been re-written according to the Guidelines for Manuscript Preparation.