

## Answering Reviewers

### **Response to Reviewer #1:**

**Q1.** To enhance and improve case report message Authors could stress a little bit more analgesia management following sufentanil discontinuation.

**Response:** Thanks for your suggestion. We added the information of alternative analgesia management following sufentanil discontinuation in Line 4-6, Page 6 as the following “We provided parecoxib at a dose of 40 mg twice daily as an alternative for analgesia since the patients had no contraindication.”

### **Response to Reviewer #2:**

**Q1.** However, the authors should rewrite the cardinal changes on the novelty and the benefit of the science as well as society.

**Response:** We have rewritten this part according to the Reviewer’s suggestion in Line 3-8, Page 3 as following “Since there was no evidence of drug-induced or electrolyte disorder-related gastrointestinal dysfunction, intraoperative periesophageal vagal nerve injury was most likely to account for gastroparesis. Clinicians should keep in mind that there is a potential possibility of vagal nerve injury after thoracic surgery even without direct nerve operation. For patients suffering gastroparesis after VATS, conservative treatment, including gastrointestinal decompression and prokinetic medicines, can help relieve symptoms.”

**Q2.** Furthermore, a few points need to be revised as I mentioned them in the main manuscript file.

**Response:** We appreciate your great comments in the main manuscript file and we revised the manuscript according to your suggestions.