

We would like to extend our sincere thanks to the reviewers for their insights and thoughtful suggestions.

Reviewer 1

1. Mentioning the 2 issues of concern in the title should bring more readers with different interests to the publication.

Response: Many thanks for the reviewer's advice. We have revised the title as suggested.

2. It is better here to put a study/trial including hepatic or liver transplant recipients.

Response: We completely agree with the reviewer. And we have replaced the reference with Bonnet *et al*^[1]. This article was about the trial of liver transplant recipients published in EJA.

[1] Bonnet A, Gilquin N, Steer N, Gazon M, Quattrone D, Pradat P, Maynard M, Mabrut J, Aubrun F. The use of a thromboelastometry-based algorithm reduces the need for blood product transfusion during orthotopic liver transplantation. *Eur J Anaesthesiol* 2019; 36(11): 825-833.

3. Why TEG is not that popular in liver transplantation? limitations of the use of TEG should also be mentioned.

Response: Thanks to the reviewer for the suggestions to improve the manuscript. Like any other test, TEG has certain limitations. It measures blood coagulation outside the body, rather than the coagulation of blood while it is flowing within the vasculature; therefore, TEG does not reflect the function of the endothelium in coagulation. In addition, the TEG testing equipment is costly and requires more professional training for operators to use it effectively. The factors mentioned above may limit the prevalence of TEG usage.

4. The definition of PRS is incomplete. There should be a hint about the pathogenesis of PRS.

Response: Thanks to the reviewer for useful tips. PRS is defined as a significant decrease of over 30% in the mean arterial pressure compared with that at the end of the anhepatic phase, and this

decrease has to last at least 1 minute and occur in the first 5 minutes after liver graft reperfusion^[1]. Decreased body temperature in children before reperfusion and prolonged graft cold ischemia time are independent risk factors for PRS in pediatric liver transplantation^[1]. Metabolic acidosis, hyperkalemia, hypocalcemia, and the release of many proinflammatory cytokines into the systemic circulation by the transplanted liver releasing after reperfusion are possible mechanisms for PRS^[2].

[1] Li T, Wu Y, Gong X, Che L, Sheng M, Jia L, Li H, Yu W, Weng Y. Risk factors for postreperfusion syndrome during living donor liver transplantation in paediatric patients with biliary atresia: a retrospective analysis. *BMJ Paediatr Open* 2023; 7(1): e001934.

[2] Jeong SM. Postreperfusion syndrome during liver transplantation. *Korean J Anesthesiol* 2015; 68(6): 527-539.

5. In the conclusion paragraph; the first sentence could be deleted.

Response: We appreciate the review's advice, and we have deleted the first sentence following the suggestion.