

## Reviewer Comments

Propofol is accompanied by a variety of adverse reactions. Since propofol is an emulsion injection, patients are prone to strong injection pain during the injection process, and at the same time, the drug has different degrees of inhibitory effects on the respiration of patients, and respiratory depression, hypotension are common during the operation, and dizziness and vomiting are common in the postoperative period, as well as a variety of adverse reactions. In this study, the authors performed a meta-analysis to evaluate whether remimazolam is superior to propofol in gastroenteroscopy for elderly. This study is well performed, and the results are interesting. After a minor revision, it can be accepted for publication. Comments: 1. The manuscript requires an editing. Some minor language polishing should be revised. 2. The aim is missing in the abstract. Methods should be more detail in the abstract. 3. Conclusion is missing in the main text. 4. Please edit the reference list.

**Reply:** Thank you for your positive comments and constructive suggestions.

1. The manuscript has been polished language by Editage.

2. We have added the **Aim**, and provided a detailed **Methods** in the part of **Abstract**.

**Aim:** We compared the adverse events and efficacy of remimazolam and propofol during gastroenteroscopy in older adults.

**Methods:** The PubMed, Web of Science, the Cochrane Library databases were queried for the relevant key words "remimazolam," "and propofol," "and gastrointestinal endoscopy or gastroscopy." The search scope was "Title and Abstract," and the search was limited to human studies and publications in English. Seven studies wherein remimazolam and propofol were compared were included for the meta-analysis.

3 We have added the **Conclusion** in the main text.



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### **Conclusion**

In older patients undergoing gastroenteroscopy, remimazolam appears to be a safer choice than propofol. However, further investigations are required.

### **Study Limitations**

1) The included literature was limited, and more clinical studies are needed; 2) further high-quality studies are needed for analyzing the effects of sedation and clinical application of anesthesia in patients who are critically ill; 3) the dosages of remimazolam and propofol as well as their combination of are slightly different, and the final results could have been biased; 4) the quality of some studies was on the lower side, and some degree of heterogeneity was present; and 5) because of the lack of relevant international studies there were only seven articles in English.

4. References have been updated, and the PMID and DOI numbers have been added according to the journal guideline.