ROUND 1

reviewer 1

The age range is very high. As the pain tolerability also changes with age and other conditions of neuropathy. Such factors should have been taken into consideration.

Answer: Thank you very much for your review and guidance of the manuscript. This study is to study the range of indications for painless colonoscopy to see if it is safe to perform painless colonoscopy within this age range.

reviewer 2

Notes on the manuscript: Title: Good. Abstract: there is no background in the abstract. The type of study is not mentioned. The results parts is not clear, kindly rewrite, as it doesn't show which group was more effective, only statistical difference (which is not clear to which arm), you should mention the effectiveness of your intervention as compared to the control. note: P value is not the best way to present effectiveness. There is no mention of a trial registry number, please add (registration code: ChiCTR1900022177). Introduction: The first paragraph is out of scope of the topic in question, please omit and change. Also, please add an introductory part about the intervention's background " wrist-ankle acupuncture". "With the change of living habits and diet structure, the incidence of digestive tract diseases, especially the lower digestive tract diseases, have been increasing annually in recent decades. Meanwhile, the incidence of colorectal cancer has been reported to rank the highest in malignant tumors[1], indicating the urgency in the prevention and treatment of lower digestive tract diseases. Various assistant examination methods are available for gastrointestinal diseases currently. Among them, digestive endoscopy has become the preferred in view of its advantages in visibility, intuitiveness and accuracy[2]." Methods: The authors mentioned "Rejection criteria" after "exclusion criteria", it is not clear what they meant by that?>> are these patients excluded after inclusion, and if so, are they counted as attrition? or how the outcome is registered in those patients, kindly clarify. Could the authors kindly

clarify why they excluded all patients with prolonged procedure? as they are 10% of the patients, and why they didnt include the early data from the procedure? Results: Most of the results mentioned only in the active intervention groups, and the control group is only mentioned as a comparison with Pvalue only>> it is preferable to mention the indices of both intervention and control group with standard deviation and confidence interval along with risk ratio or odds ratio. This will be more meaningful display of statistics. Quote from manuscript: "The wake-up time in WAA group was 3.26±0.87 min, which was significantly lower than that in CON group (P<0.05)". Tables and figures: I think a better presentation of the results in "Box plot" would be of benefit in visualizing the effect of the intervention. In first table of baseline data, the authors need to mention all baseline data, they only mentioned few items?, eg history of DM or HTN, previous endoscopy, reason for endoscopy, baseline lab and blood pressure etc. if feasible. Discussion: Some parts of the discussion could be used in introduction as background for the topic. There is some repetition of displaying the results: First scentence "Inter-group comparison indicated that the wake-up time of WAA group was superior to that of CON group, which may be caused by the decrease of total propofol dose during the whole operation, so that the patients could wake up more rapidly from anesthesia." second sentence "It suggests that patients in WAA group have a rapid wake-up from anesthesia. " the authors mentioned " Our study was designed as a clinical observation with certain limitations." >> this is an RCT, so it is not clinical observation, it is an intervention trial, kindly modify.

Answer

Thank you very much for your review and guidance of the manuscript, and for your suggestions for amendments, I have already made amendments in the original text. I have benefited a lot from your question. We now reply to our considerations as follows, and I hope you can correct me.

The background part was supplemented in the abstract, and the result part was revised.

The clinical advantages of painless colonoscopy can reduce the fear and

discomfort of patients and increase the detection rate of diseases. Propofol has the characteristics of fast effect and short action time. It is a common choice for painless endoscopic sedation and anesthetics. However, propofol can cause severe respiratory and circulatory depression. Therefore, it is important to finding a way to reduce the dose of propofol.

The induced dose of propofol and the total dose of propofol in WAA group were 80 mg and 110 mg, which were significantly lower than those in CON group (P<0.05). The incidences of hypoxemia and hypotension in the WAA group were 2.2% and 3.3%, significantly lower than those in the CON group (P<0.05). The incidence of abdominal distension in the WAA group was 8.8%, which was significantly lower than 28.9%, that in the CON group (P<0.05). The waking time of WAA group was (3.26±0.87) min, which was significantly lower than (6.06±0.88) min that of CON group (P<0.05).

The first paragraph of the introduction has been deleted, and an itroductory part about the intervention's background "wrist-ankle acupuncture" has been added.

Wrist-ankle acupuncture was developed by Professor Zhang Xinshu from the Department of Psychiatry and Neurology, the First Affiliated Hospital of the Second Military Medical University of the Chinese People's Liberation Army. Inspired by acupuncture, acupuncture points and acupuncture method, a therapy gradually developed from practice. Wrist-ankle acupuncture is the abbreviation of wrist-ankle acupuncture therapy. It refers to the method of selecting a specific needle entry point at the wrist and ankle and piercing a certain length along the longitudinal axis of the limb along the subdermis to treat diseases. Compared with other acupuncture therapies, there are It has the characteristics of simple acupoint selection, long needle retention time, safety and reliability, and no side effects. Therefore, the operation of wrist ankle acupuncture is simpler and does not require electric acupuncture and other equipment, so it is easier to apply in anesthesia[1-2].

Patients with more than 30 minutes are excluded because we believe that if there is

no airway protection tool for outpatient treatment, the patient will be exposed to danger. Therefore, the anesthesia method needs to be changed, so we will exceed 30 minutes. Of patients were excluded.

The rejection criterion is that the cases that have been included in the collection can be counted as attrition. These patients are recorded in the same way as other patients.

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Excluding the preliminary data of patients is because it is considered that changing the anesthesia method will affect the dosage and wake-up time, so this part of the data is excluded.

Other issues have been revised in the text. The box diagram is added in the supplementary material, but I don't think it is necessary to add it in the main text. Thank you again for all your suggestions.

ROUND 2

Dear wu, Thank you very much for reviewing my manuscript again. The explanation on the rejection criteria ① patients with prolonged operation for > 30 min; ② patients who voluntarily withdrew from the operation; and ③ patients who were not anesthetized or operated as required after inclusion. to my manuscript of the case has been added in the main text. Patients were excluded because the operation time was too long. Generally, the operation time was less than 30 minutes, and there were 19 cases of more than 30 minutes. The purpose was to unify the control standards. The rejection criteria is that the cases that have been included in the collection can be counted as attrition. These patients are recorded in the same way as other patients. The early data of the cases are not included because these cases cannot be unified control standards. The revised manuscript has been submitted, thank you very much for your suggestion.