

1. The abstract is lengthy. However, it needs to be shortened.

Answer: The abstract has been shorten from former 306 words to now 216 words.

2. In the introduction, the contribution of the proposed work and the research objectives to be achieved are not clear.

Answer: The purpose of this study was to explore the critical values of the quantitative monitored indexes of perioperative cardiac and coagulation functions, so as to take effective prevention and treatment measures in time to maintain the stability of cardiac function to further improve the perioperative safety of elderly patients with biliary diseases.

3. The authors have only provided a comparative analysis of clinical data between MACE and non-MACE group in elderly patients with biliary diseases; and comparison of monitoring indexes. However, a comparative analysis section between the proposed study and the related literature contributions is needed.

Answer: In the discussion, we have mentioned the related literature contributions as follows:

Significant Hs-TnI increase: A report^[10] showed that if Hs-TnI is more than 7.424 ng/mL, suggesting the occurrence of acute STEMI, the patient should be actively treated with thrombolysis (acute STEMI), anticoagulation, antiplatelet, lipid-lowering, and symptomatic treatment, and even percutaneous coronary intervention (PCI) when necessary^[18].

Mild Hs-TnI increase: It is reported^[10] that when Hs-TnI is greater than 0.372 ng/mL, indicating the possible AMI, the patient should be given isosorbide nitrate

injection (Aibei, initial dose of the intravenous drip is 30 µg/min), to relax vascular smooth muscle, reduce cardiac preload and oxygen consumption. At the same time, clopidogrel bisulfate (75 mg, once daily) and other antiplatelet therapy can also be given. Anticoagulant drugs should be added when necessary.

Significant BNP increase: If BNP is more than 400 pg/mL, this suggests that the possibility of heart failure is very high. In this study, we found that the postoperative BNP critical value in elderly patients with biliary diseases was 382.65 pg/mL, which indicated the occurrence of heart failure, cardiotonic and diuretic agents should be given, and digitalis and other positive inotropic drugs should be administered when necessary (relatively forbidden within 72 h of AMF).

Mild BNP increase: According to the literature, 100~400 pg/mL of BNP suggests that there may be cardiac insufficiency, and the drug infusion volume and speed should be reduced, and the infusion speed could be strictly controlled using an infusion pump.