

Dear Sir or Madam,

Thank you very much for your review and the comments, which were very valuable to us for the revision. We have fully revised the text and indicated the issues we addressed with red font in the body of the article. Please find more detailed answers to your questions below. We hope that the revisions are satisfactory.

Reviewer 1 (first review round)

QUESTION 1. The overall scientific data is acceptable. However, there are several points to be corrected. 1. "Two years after the COVID-19 epidemic was declared" may be an incorrect meaning. It should be "Two years during the COVID-19 pandemic was declared."

ANSWER 1. Thank you. This was corrected.

QUESTION 2. "The COVID-19 epidemic has affected our health system" should be "the COVID-19 pandemic has affected our health system" and for other epidemics, it should be changed to pandemic.

ANSWER 2. Thank you. This was corrected and epidemic was changed into pandemic.

QUESTION 3. The citation style is not the correct format.

ANSWER 3. The references have been adjusted accordingly.

QUESTION 4. The English grammar should be substantially polished.

ANSWER 4. Thank you. The paper was proofread.

QUESTION 5. The reference format is not correct.

ANSWER 5. This was corrected.

QUESTION 6. Table 1 should be separated into 2 tables for better understanding.

ANSWER 6. This was corrected.

QUESTION 7. In figures 1 and 2, it should be "Elective and emergency

neurosurgical procedures before and during the COVID-19 pandemic" and "The subgroups of neurosurgical procedures before and during the COVID-19 pandemic", respectively.

ANSWER 7. This was corrected.

QUESTION 8. The label for the number of patients was missing.

ANSWER 8. Thank you for this suggestion. This was corrected.

Reviewer 1 (second review round)

QUESTION 1. The authors do not answer the reviewer's comments and the upload files were not matched with the correct documents.

ANSWER 1. Please find the answers above. They are discussed point-by-point. The files are now updated and uploaded correctly. We are sorry for this inconvenience.

QUESTION 2. There are substantially English grammar to be polished as the attached file. (for abstract, core tip, and introduction, I could find the 26 mistakes of the manuscript).

ANSWER 2. Thank you. The manuscript has been send to a native speaker and corrected. The certificate is attached.

QUESTION 3. The references format is not correct (please read the published manuscript).

ANSWER 3. The references have been corrected according to the journal rules.

Reviewer 2 (first review round)

QUESTION 1. This is a very well-written and interesting paper. It is educational and the findings are important and relevant. I have several observations and questions. Your team did an outstanding job adjusting and adapting. Congratulations! I am curious about the medical payment system in Slovenia. Can you please describe it briefly? There must be an incentive if there was only a 13.9% decline in electives. In the US, all electives were cancelled and that is a cash system

for the most part. Can you comment on the chances of patient harm by either withholding a procedure, delaying a procedure or even cancelling a procedure because of the pandemic or the measures placed? Also, did you notice any of the 'emergency procedures' have a more virulent postop course? Any deaths or inability to extubate postop? Can you comment on the effect on your staff? What was the turn-over in personnel before and after?

ANSWER 1. Thank you for these questions raised. They were also commented on in the manuscript.

The medical care in Slovenia is public and the staff is paid from the common funds that reimburse the public sector (state sector). The doctors are divided in classes according to the working experience, specialisation, position, years of service ... For all the staff that was involved with the COVID patients, the additional payment was offered for the duration of engagement, a certain amount for those in intensive care, for those at the outpatient clinic, on the ward, etc. All medical personnel received the supplement.

Overall we did not record any missed cases or cases with irreversible neurological damage due to the pandemic measures and restrictions. After the diagnosis and indication for neurosurgical treatment were confirmed, the patients were presented to our service by the established and uncompromised clinical pathways.

Although the COVID-19 was an important factor in the treatment of an urgent neurosurgical patient, with measurements in place we did not notice any direct impact on a surgical outcome and postoperative virulence. The postoperative course relied on the severity of the cardiorespiratory impairment due to COVID-19 prior to neurological damage. Patients with mild respiratory symptoms were extubated after the procedure mostly without inconveniences and those with severe respiratory failure and pulmonary damage were transferred to an Intensive Care Unit where the extubation was postponed until adequate cardiorespiratory stability.

COVID-19 pandemic also presented with a great impact on hospital and departmental staff. The main causes for the shortage of healthcare personnel were recurring sick

leaves, transfer to a COVID-related post and general lockdown, in which healthcare students and volunteers were unable to participate in hospital work. Especially younger workers consisting of residents, nurses, physiotherapists and administrative and other workers were transferred for an indefinite period to COVID-19 departments. Depending on the size of the department, the quotas were set, according to which it was necessary to reallocate a certain number of personnel. Altogether, it reduced the work capacity of our department and increased the workload on the remaining staff.