

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Anesthesia with ciprofol in cardiac surgery with cardiopulmonary bypass: A case report"(ID: 79421). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer#1:

1. Response to comment: Please add more details of the pharmacology of ciprofol and compare with propofol

Response: Thank you for your advice. You could see in the manuscript that we have added more details of the pharmacology of ciprofol and compared with propofol (page3 line 64-74).

2. Response to comment: Please review the literature and add more details in the discussion section

Response: Thank you for your advice. You could see in the manuscript that we have reviewed the literature and added more details in the Discussion section. (page8 line 238-246).

3. Response to comment: What is the new knowledge of the report

Response: Thank you for your advice. Ciprofol is a novel agent for intravenous general anesthesia. It is characterized by fast onset, fast elimination, stable circulation, and few adverse reactions. However, the efficacy and safety of ciprofol in cardiac surgery with cardiopulmonary bypass (CPB) have not been reported. In this report, we describe a case where ciprofol was successfully used for anesthesia in cardiac surgery with CPB. This is the first case report of ciprofol administration for anesthesia in cardiac surgery with CPB.

4. Response to comment: Please recommend to the readers "How to apply this knowledge?"

Response: Thank you for your advice. In this case, we used ciprofol, a new intravenous general anesthetic, for induction and maintenance of anesthesia. Throughout the anesthesia, the patient was hemodynamically stable and the heart resumed beating very smoothly. Ciprofol may be more suitable than propofol for anesthesia in cardiac surgery and may improve the safety of cardiac surgery anesthesia, which deserves further study. We might consider using cyclopropofol instead of propofol for this type of surgery.

Reviewer#2:

1. Response to comment: The patient denied any family history. For what? Please state it.

Response: Thank you for your advice. We have revised this sentence to read: The patient denied any family history of cardiovascular disease

2. Response to comment: Laboratory examinations. Are they normal?

Response: Thank you for your advice. In order to facilitate readers to check the laboratory examination results, we only list the abnormal results.

3. Response to comment: Define the cut off for the low BP and HR

Response: Thank you for your advice. We've added additional information on low blood pressure and low heart rate. systolic blood pressure below 90mmHg and heart rate below 60 beats per minute, respectively

4. Response to comment: What ethical precautions were taken? Kindly state them.

Response: Thank you for your advice. Cyclopropofol was approved for the induction and maintenance of general anesthesia in February 2022. We conducted a pre-anesthetic interview with the patient before surgery and signed the informed consent for anesthesia

5. Response to comment: What is the usual dose of epinephrine that is used when propofol is used in similar circumstances

Response: Thank you for your advice. The amount of epinephrine and phenylephrine used in this type of surgery needs to be determined according to the hemodynamic status of the patient during the operation, but the doses

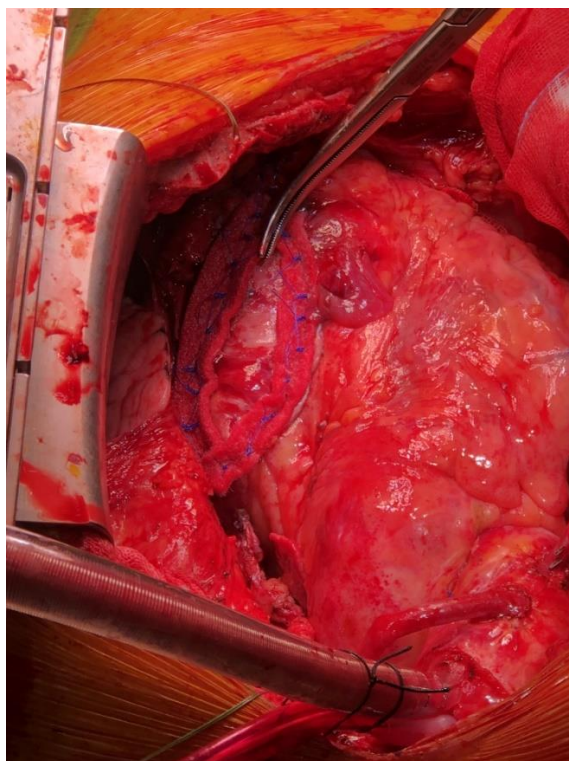
of epinephrine and phenylephrine used in this report are relatively small. It also shows that the hemodynamics of this patient was relatively stable during the operation.

6. Response to others comments: Thank you for your revisions to the sentences in the article, which we have accepted.

Reviewer#3:

Response to comment: Please provide the approval letter from your ethical committee and institutional review board .Please provide baseline angiography images and intra -operative image showing the graft to LAD and LV aneurysm repair

Response: Thank you for your advice. We conducted a pre-anesthetic interview with the patient before surgery and signed the informed consent for anesthesia. In the materials we have submitted you could find it. Baseline angiography images you could find it in our manuscript (Figure 2: Coronary angiography). Below you could see the intra -operative image showing the graft to LAD and LV aneurysm repair



Once again, thank you very much for your constructive comments and suggestions which would help us both in English and in depth to improve the quality of the paper.

Yours sincerely,

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Medicine