Dear Editor,

Thank you for giving us the opportunity to submit our revised manuscript to *World Journal of clinical cases*. We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on our manuscript. We have carefully considered the comments and we have incorporated changes in the manuscript to reflect the suggestions and address the issues raised by the reviewers.

The manuscript has been revised by a native English speaker editor at AJE.

Below a point-by-point response to the reviewers' comments is provided.

We hope the manuscript after careful revisions will meet your high standards.

Best regards,

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Response to Reviewer 1

Specific Comments to Authors: *This case report is interesting, however, the similar cases have been already documented.*

Author response: Thank you for your comment. We agree with you that similar cases have been reported, infact on literature reviewing, there are 4717 cases described of awake laparoscopic cholecystectomy from 1994 to the present. Among them only 76 were conducted in Europe and none in Italy. Moreover, among these only T. Donmez et al. have used a combined anesthesia technique on 24 patients undergoing a mixed spinal and epidural technique as in our case. In all other cases one of the two techniques was chosen either spinal or epidural anaesthesia.
Thus, despite the proofs of safeness and feasibility of laparoscopic cholecystectomy under regional anaesthesia, reported in indian and extra-european work, this technique has not still widely adopted.
The absence of evidence about the impact of regional anesthesia, related outcomes and complications might discourages surgeons and anaesthetists from proposing this procedure as the first choice of anaesthesia for laparoscopic cholecystectomy. For this reason further studies should be carried out in order to introduce this type of anesthesia in the routinely clinical practice, and our reported case could be the incipit to plan randomized controlled studies in western countries.

Response to Reviewer 2

Specific Comments to Authors: *Good morning, this is a very interesting article, which appears as a therapeutic option in patients with high anesthetic risk. However, I consider that it cannot be applied to all patients with gallbladder pathology. My suggestions are the following:*

Author response: Thank you for reviewing our work and providing these comments. We have read your comments carefully and tried our best to address them one by one. We hope the manuscript has been improved accordingly.

Comment 1: *Describe which gallbladder pathologies can be resolved by this technique and which patients meet the criteria. Should it be taken for cholecystitis, pancreatitis and anatomical variations?*

Author response: Thank you for pointing this out. We have added in the manuscript more details on the indications for laparoscopic cholecystectomy under regional anaesthesia, including a table for highlighting these indications to the readers. Furthermore, we have added the contraindications to regional anaesthesia.

Comment 2: *In case of intraoperative complications with this technique, what do you recommend doing?*

Author response: Thank you for your suggestion. We have added in the manuscript what to do in case of intraoperative complications. In our opinion, the main indication for conversion from regional to general anaestehesia is an intraoperative surgical bleeding not easily controlled. Other complications, such as biliary leakage or poor bleeding that is normally resolvable laparoscopically, can be managed even in awake patients, maintaining a comfortable environment for the patient.

Comment 3: *Is the surgical technique the same? Are there error traps that can be avoided?*

Author response: Thank you for your comment. We revised the manuscript adding your suggestion. Regional anaesthesia do not modify the surgical technique except for the reduction of intraperitoneal pressure to 8 mmHg to avoid vagal reflex and bradycardia. Despite the low pressure and the consequent reduced camera, the cholecystectomy surgical technique used remain the same.