

Dear Reviewers,

We have received the reviewers' suggestions and have read them carefully. We are extending our sincere gratitude to the experts for their careful review and, in particular, for their valuable suggestions. In response to the two reviewers' comments, we have revised the manuscript and made improvements in light of the comments.

We look forward to your valuable suggestions regarding the comprehensive revisions.

Sincerely,

Huan-Shuang Pei, MD

Department of Anesthesiology
The Fourth Hospital of Hebei Medical University
No. 12 Jian-Kang Road
Chang'an District, Shijiazhuang City, Hebei Province, China
Email: wxhzmz99999@163.com

I WILL RESPOND TO EACH OF THE REVIEW SUGGESTIONS, PLEASE REVIEW THEM

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: This study aimed to report successful remimazolam sedation and epidural block for inguinal mass resection in an older patient for inguinal mass resection. Successful remimazolam sedation and epidural block in an older patient with COPD during inguinal mass resection: A case report

1. This is a case report.

Thank you for the suggestion. This is a case report of an older patient with hypertension and severe COPD who underwent inguinal mass resection with rimazolam sedation combined with epidural block anesthesia.

2. Several factors influence the success of this management. Please discuss these.

Thank you for your comments. The following factors influenced the patient's anesthetic management: We modified the manuscript as follows:

“Patients are at high risk because they are in a highly stressful state after admission. The selection and management of the anesthesia protocol require extra attention to maintain circulatory stability and avoid drastic hemodynamic fluctuations; therefore, it is necessary to provide continuous and precise analgesia and stable sedation to minimize the stress response. As patients also suffer from severe COPD and have a poor pulmonary function,

the selection and management of anesthesia should focus on avoiding COPD-triggering factors, reducing the occurrence of perioperative hypoxemia, minimizing the occurrence of perioperative cardiopulmonary disease complications, and improving patient prognosis. Therefore, accurate analgesia and moderate sedation are key to the successful management of this case. For this reason, the design of the anesthesia plan should ensure that the anesthesia method chosen can provide precise and continuous analgesia and can respond to the adjustment of the operation style and operation time; sedation treatment chosen should meet the needs of the patient and the operator while maintaining the stability of the patient's perioperative respiratory circulation; anesthesia plan chosen should minimize the perioperative COPD triggering factors, avoid the acute exacerbation of COPD and aggravation of COPD, and minimize the perioperative pulmonary complications as the top priority; and strengthen the hemodynamic and depth of sedation monitoring to facilitate individualized and precise anesthesia management.”

(Pages 10-11, lines: 176-195)

3. Epidural anesthesia can be successfully performed for inguinal mass resection. Why did we use remimazolam sedation in combination with epidural anesthesia in this patient?

Thank you for this valuable suggestion. We have modified the manuscript as follows:

“The patient was admitted at 15:40, complaining of extreme nervousness and strongly requesting to be kept asleep during the operation. With the patient’s previous history of hypertension and emotional stress following admission, the operator was eager to determine if the anesthesiologist could provide the patient with moderate sedation to maintain perioperative circulatory stability.”

(Page 7, lines: 80-84)

4. What is the new knowledge of the report?

Thank you for your comments. This case report describes the successful use of rimazolam sedation combined with an epidural block in an older patient with hypertension and severe COPD during an inguinal mass resection. To the best of our knowledge, this has not been reported previously.

The mild effect of rimazolam on respiratory circulation, rapid onset of action and expiration, and lack of accumulation by continuous infusion were more advantageous in this patient. Under BIS monitoring, a single small dose of rimazolam was administered preoperatively, and a continuous intravenous infusion of rimazolam was used intraoperatively, providing continuous and stable intraoperative sedation, ensuring patient safety, and providing comfort anesthesia to the patient. We modified the manuscript as follows:

“The operation was performed under rimazolam sedation combined with an epidural block. During the operation, the patient was in a continuous sleep state, during which the BIS was stabilized at shallow sedation, circulation was stable, spontaneous breathing was stable, no hypotension or respiratory depression was observed, no vasoactive drugs were

applied, no jaw-supporting assisted breathing was performed, the airway tools prepared before the operation were not applied, the anesthetic effect was exact, and the operation was completed successfully with enlarged resection of the right inguinal mass.”

5. Please recommend to the readers “How to apply this knowledge in clinical practice?”.

Thank you for this valuable suggestion. We have modified the manuscript as follows:

“In conclusion, in the case of an older patient with hypertension and severe COPD who underwent inguinal mass resection, we chose regimazolam sedation combined with an epidural block anesthesia protocol. Under BIS monitoring, a single dose of regimazolam was administered preoperatively, and a continuous intravenous infusion of regimazolam was used intraoperatively. This provided the patient with continuous and stable intraoperative sedation and definitive analgesia, preserved the patient's perioperative safety, met the patient's comfort needs, and ensured successful completion of the surgery.”

(Page 16, lines: 362-369)

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: An interesting clinical case involving a newly introduced medication(remimazolam).

1. An interesting clinical case involving a newly introduced medication (remimazolam).

Thank you for the suggestion. Thank you for your comments.

We look forward to hearing from you and would be happy to make further changes, if required

