

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This retrospective study investigates and compares the anesthetic effects of intravenous general anesthesia combined with epidural anesthesia and with ultrasound-guided bilateral transversus abdominal plane block in gastric cancer patients undergoing laparoscopic radical gastrectomy. They authors analyzed the clinical data of 85 patients who underwent laparoscopic radical gastrectomy in our hospital from December 2020 to January 2023. Patients were divided into TAPB group and epidural anesthesia group according to different anesthesia and analgesia programs. The pain status, cognitive status, intestinal barrier indicators, recovery quality, and incidence of complications were compared between the two groups. The results of this study showed that the agitation score of TAPB group was significantly lower than that of epidural anesthesia group, the incidence of agitation during recovery period was significantly lower than that of epidural anesthesia group, and the total incidence of postoperative complications was significantly lower. Which is worthy of clinical promotion and application. I have some doubts about the observed indicators. The patient controlled intravenous analgesia (PCIA) pump was used after surgery. Although a single compression dose and locking time were set, in general, The actual dose of fentanyl used in each patient varies clinically. Thus, the VAS score between the two groups was actually the result of an analgesic effect. If the patient had used PCIA before scoring, the score would have actually been lower. Does the author take this into account?

Reversion: Hello, thanks to editors and experts for their suggestions for this study. About the effect of PCIA on postoperative VAS score, the postoperative analgesia pump scheme of the two groups was the same, and the dosage of sufentanil was not statistically significant. The actual dosage of PCIA had little effect on the results of the study. The results of this part have been added, and the modified part has been marked with red. This article is a retrospective study. The VAS score is mainly evaluated according to the scores recorded at each time point after surgery, so the VAS score results before PCIA cannot be obtained.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Dear author, Thank you for sharing your article entitled "Effects of intravenous general anesthesia combined with epidural anesthesia and with ultrasound-guided bilateral transversus abdominal plane block on POCD, intestinal barrier function and postoperative recovery quality in gastric cancer patients undergoing laparoscopic radical gastrectomy" Your article is good in grammar and scientific writing rules. The topic is actual and well described. However, I have some questions and

suggestions: 1. Have the VAS scores of the two groups been adjusted? 2. Have you compared the use of analgesics in two groups? Are there any differences between the two groups? 3. The ethics committee's consent is not stated in the manuscript. More information of ethics should be included. 4. The limit of the study should be discussed.

Reversion: Hello, thanks to editors and experts for their suggestions for this study. This study is a retrospective study. VAS scores are the evaluation results of each time point after operation. The dosage of sufentanil has been added in table 1. There was no significant difference in the dosage of sufentanil between the two groups. This study is a retrospective study, and the shortcomings have been added at the end of the article.