Authors' Response to Reviewer

Responses to Reviewer #1.

Comment 1.

The result and conclusion is very predictable and gives not any new knowledge.

Response 1:

We really appreciate your time and efforts on reviewing our manuscript! Thank you for this critical comment! We are very sorry for not providing any new knowledge. But, as the work done in our article is based on further analysis of published studies, such as RCTs summarising the final results, it is limiting in terms of providing new knowledge and a theoretical basis for clinical practice.

Comment 2.

It would have been more interesting to explore in which cases there could be a benefit of delaying surgery in patient with IAI. In the discussion there is no reflection to this issue.

Response 2:

Thank you for your suggestions!

Delaying surgery may be aggravating for IAI patients; however, for patients who are already contraindicated to surgery, antibiotic maintenance therapy and delaying surgery is a necessary option. In addition to this, in clinical practice, some older patients with milder symptoms may reject surgery. Based on your advice, we have added the detailed information as requested:

In summary, for patients with non-emergency conditions, as well as those with obvious contraindications to surgery, it is beneficial to delay surgery, complete the relevant investigations, or optimise the anaesthetic protocol**(page 12, line 256-258)**.

Comment 3.

Could there be benefit of anaestetic optimizing a septic patient before surgery or is this just waste of time ?

Response 3:

Thank you very much for this comment! We have added the detailed information as requested:

As far as we are concerned, most sepsis requiring surgical treatment is an emergency procedure, where the patient's condition is severe and rapidly changing, and there is often multi-organ damage and also often a combination of chronic diseases, etc. As a result, there are specificities in the choice of anaesthesia and drugs, so optimisation of anaesthesia should also be necessary. However, not all patients with intra-abdominal infections will develop sepsis, and not all patients with sepsis are also infected in the abdominal cavity**(page 12, line 256-260)**.

Comment 4.

In some of the tables/figures I cannot see all of it.

Response 4:

Thank you for your suggestion! We are very sorry that the images and tables in the article were not clearly and fully presented to you. We have uploaded the relevant documents separately for you to view.

At last, thanks again for your time and efforts on reviewing our manuscript!

Responses to Reviewer #2.

Comment 1.

In the studies timing for surgery is not always looked for.

Response 1:

We really appreciate your time and efforts on reviewing our manuscript! Thank you for this helpful comment! We spend most of the article discussing how patients with abdominal infections can be improved by choosing the earliest possible time for surgery, but important aspects for patients to focus on are, for example, the length of hospital stay and the incidence of complications.

Overall, based on the explanation, we hope that you can satisfy the manuscript.

Comment 2.

Introduction is slightly lengthy. Discussion is too lengthy needs to be more shortened and be to the point references is adequate and up to date.

Response 2:

We sincerely thank you for your recognition of our articles and for your valuable comments. We think this is a good suggestion and we have streamlined the preface and the discussion section in line with the reviewers' suggestions. The simplified sections have been annotated aside using the revision function.

Based on your suggestions, we have also searched the RCA for relevant articles based on keywords such as "intra-abdominal infection" and filtered for higher impact articles based on the "Impact Index Per Article". We have carefully checked the literature and added more references to the revised manuscript to support this idea**(page 11, line 237-238)**.

At last, thanks again for your time and efforts on reviewing our manuscript!

Responses to Reviewer #3.

Comment 1.

I found that this meta-analysis lacks scientific novelty and statistical robustness among the 9 included studies and even diluted it down furthermore. To me, the results of the study did not change our practice much after knowing the result.

Response 1:

We really appreciate your time and efforts on reviewing our manuscript! Thank you for this helpful comment! The article is based on a systematic review of past RCT studies etc. and therefore the novelty of his science is not well represented. With regard to the statistical robustness you mentioned, we have used relevant statistics in the article to analyse the data to support its robustness. Data were presented using ORs for categorical outcomes and MDs for continuous outcomes, with 95% CIs calculated for all estimates; in the random-effects model, $P < .05$ was considered to be statistically significant. Interstudy heterogeneity was evaluated using Cochran's Q statistic and quantified using the I2 statistic; a value greater than 50% indicated substantial heterogeneity, and statistical significance was indicated by $P < .10$.

Based on your suggestions, the results of this study may not change your subsequent clinical practice, but they may provide clinicians with more theoretical support for further clinical work and a basis for better communication with patients.Thank you again for your comments and valuable input to improve the quality of our manuscripts.

Overall, based on the explanation, we hope that you can satisfy the manuscript.

Comment 2.

More data defining that the earlier operation provides better outcomes in itnraabdominal infection. Are there any controversy of doing later operation in intraabdominal infection.

We thank you for your careful reading and for your valuable comments. We think it is a very good suggestion.

In fact, the timing of infection control is critical for patients with IAIs, but the definition of 'early' control in the literature varies. In recent years, scholars have performed a series of studies on the timing of surgery and offered their own opinions. Different studies have different definitions of doing later operation in intraabdominal infection **(page 11, line 241-253)**.

Overall, based on the explanation, we hope that you can satisfy the manuscript.

Thanks again for your valuable comments and suggestions.

Finally, the authors would like to thank the editor and all the anonymous reviewers again for their careful review of the paper and for their valuable suggestions.