

Dear Reviewers.

We sincerely appreciate your efforts to review our paper.

Please find below description of each reviewer's comment and how it has been addressed.

Kind regards,  
Ming Han Cha, MD

**Reviewer #1:**

Specific Comments to Authors: This is a well-written paper containing interesting results obtained by a large number of cases which merit publication. For the benefit of the reader, however, a number of points need clarifying and certain statements require further justification which are shown below.

Major

1. Results are presented with a descriptive style and seem not to match each table well. Please reconsider the construction.

*We thank the reviewer for this comment. We have rearranged the paragraphs in the result section to better reflect the contents of each table.*

Minor

1. Definition of MAC, CS and GA is required with referring medications and airway management.

*Thank you for this comment. We have now included a description of each sedation modality under the Material subsection of the Methods. This should clarify the difference in anesthesia technique between these modalities.*

2. The median age was described as 46 in the text while that is shown as 52 in Table 1.

*Thank you for this comment. We have re-examined the results provided by our statistician and confirmed that the median age was 52. Correction to the text was made.*

## **Reviewer #2:**

Specific Comments to Authors: The authors presented a large retrospective cohort of patients who underwent urgent endoscopy for either foreign body ingestion or food bolus impaction. In particular, they looked at the rates of adverse events under different sedation conditions. The patient cohort is very large and the data have been analyzed satisfactorily.

### Major remarks

1) The title is misleading. I would rephrase it as follows: Complication Rates in Emergent Endoscopy for Foreign Bodies Under Different Sedation Modalities: A Large Single-center Retrospective Review

*We thank the reviewer for this comment. We have now changed the title according to the reviewer's recommendation.*

2) Please explain the difference between MAC and GA.

*Thank you for this comment. We have now included a description of each sedation modality under the Material subsection of the Methods. This should clarify the difference in anesthesia technique between these modalities.*

3) The term "encounter" seems inappropriate; I would replace it with "procedure"

*Thank you for this comment. This has been now changed to procedure.*

4) The term "extrication" seems inappropriate; I would replace it with either "removal" or "extraction", or both.

*Thank you for this comment. This has been now changed to extraction.*

5) Page 10, last paragraph: there is a mistake in the number of patients "...CS (N = 53, 38.0%), followed...". You meant 353 and not 53.

*Thank you for this comment. This has now been corrected to 353.*

6) In the results and discussion, be sure to always use the past tense and not the present tense when referring to your findings.

*We thank the reviewer for this comment. This has been addressed in the revised manuscript.*

7) In the discussion, you should speculate about the possible explanation for a better outcome of procedures under CS as opposed to MAC and GA.

*We sincerely thank the reviewer for this detailed comment. We have now included a possible reason for a better outcome in the CS sedation group in the discussion section. The higher success rate observed in the CS group may be attributed to the higher proportion of patients with FBI in that group, which may present with lesser technical challenges compared to FOI removal.*

8) It is not clear what you mean by "procedures requiring the use of instruments". Please clarify "instruments" and replace it with a more appropriate terminology.

*Thank you for this comment. We have now included examples of instruments used during the procedure, for example: Roth net, forceps, snare, talon grasper, in the method section. We have also clarified in the results section of the revised manuscript that procedures without the use of any instruments are procedures that required only push method.*

9) Throughout the text: "patients who underwent" and not "patients that underwent"

*Thank you for this comment. This has been now changed to "patients who underwent".*

10) The use of overtubes should be accurately reported. In fact, it may have contributed significantly to a better outcome when airways were not protected by intubation.

*We thank the reviewer for this comment. We have now included the results related to the use of overtube in table 1. This can reflect the use of overtube in patients who underwent different sedation modalities.*