

Time of Surgery and Surgeon Level in Supracondylar Humerus Fractures in Pediatric Patients: A Retrospective Study

Dear Reviewers,

Thank you for your additional review of our manuscript. Your comments are constructive and have been applied in the manuscript. Please find below a point-by-point response to your comments. We have modified the manuscript accordingly and hope that we have addressed all your suggestions. We look forward to your feedback.

Kindly note that all line references in the Author Response section and Text change section refer to the revised manuscript line numbering (unless specifically stated).

Reviewer Remark	Author Response	Revised Manuscript Line Number and text change.
REVIEWER 1:		
-111 Authors reported the recovery of ulnar nerve palsy. How about the radial and medial nerves, which are also commonly affected in displaced SCF cases?	Thank you for the comment, apologize for this as we meant to say all cases of nerve injury and not ulnar. We have revised the results section to include this.	Line 115: Of the patients included in the cohort, 2.6% had a documented nerve injury pre-operatively (half of which were managed during working hours), these injuries included two cases of median and two cases of radial nerve palsies.
-113, -119: Did the authors record the time of pulse recovery after the operation? What were the indications for open detection in cases where pulses were absent after manual reduction?	Thank you for the comment, the recovery was after manual reduction in the OR. We have revised the manuscript to include this.	Line 114: An absent radial pulse was found in 9% of patients (half of which were also managed during working hours), all patients regained pulses after manual reduction during the operative procedure (Table 1).
-126: The risk of ulnar nerve injury is rare under lateral parallel K-wire fixation. How can we ensure that this case was a surgical	Thank you for the comment, these cases were residual ulnar nerve palsies. We	Line 126: Of the cohort, 17 patients (11%) had documented post-operative complications. These

complication? Does it depend on the absence of preoperative signs of nerve injury?	have revised the manuscript to highlight this.	complications included four cases of nerve palsy post-operatively, three of which were fixed with two lateral and one medial k-wires (two had a median nerve injury and one ulnar nerve injury) and one fixed with two lateral parallel k-wires (sustained a median nerve injury).
-133: I am curious about the high incidence of complications among cases undergoing ORPP. Could the authors provide concise information on these complications?	Thank you for the comment, we have revised the manuscript to include this.	Line 138: In addition, patient who required an open reduction had a higher rate of complications (33.3%) when compared to closed reduction (6.9%, p-value <0.001) (Table-2). Complications recorded with open reduction were 5 cases of angular deformity, one case of ulnar nerve palsy and one case of bony spur.
-Table 2 The type of SCFs where extension or flexion has a significant effect on the management and subsequent outcomes. I hope authors include this point in their study.	Thank you for the comment, we have revised the manuscript to include this.	Line 141: We found no difference in rate of complication between Gartland type 2, type 3 and flexion type SCHFs.