

## Responses to the reviewers' comments

*1. The cases in this article are all adults. The disease type is basically acquired heart disease. The title indicates that adult heart surgery may be more appropriate.*

→ Updated the title

*2. The purpose of the paper is not stated in the abstract.*

→ Added purpose in abstract

*3. In cardiac surgery, when experienced surgeons and anesthesiologists cooperate, the success rate is higher. Does the case in this article take into account the different pre-transport hypotension caused by different surgeons or different anesthesiologists?*

→ There are no preferred or established teams of surgeons and anesthesiologists at our institution. This was added to the discussion session.

*4. Is there any reference for the definition of hypotension in the text? The definition of hypotension in reference 3 in this article is different from this article.*

→ Thanks for the input. Indeed, there is no single, generally accepted definition of hypotension as Bijker et al found out. We updated the methods section to reflect this.

*5. Sometimes the length of MV is artificially extended. Is there any strict indication for extubation?*

→ Yes, there is a goal to extubate all patients within 6 hours of cardiac surgery. Discussion section updated.

*6. The heart surgery in this article are onpump surgery, in fact, many doctors choose offpump surgery for CABG surgery. This article specifically mentions that bypass time may cause poor surgical results. What are the reasons for the absence of offpump surgery in this group?*

→ Thank you for this good point. At the time of data collection off-pump surgery was extremely rarely done. Lately, there has been increase in this type of surgery. Discussion section was updated to reflect this.

*7. There are no references from 2017-2020 in the manuscript*

→ A total of 6 new references have been added to the manuscript.