

SPECIFIC COMMENTS TO REVIEWERS

We thank the reviewer for their valuable comments.

We also thank the reviewer for supporting the view point we wished to highlight that an asymptomatic COVID-19 patient evaluation by routine CXR in immediate postoperative period should not be abandoned.

We accept that an asymptomatic PCR positive patient may abruptly start presenting dyspnea, desaturation and a rapidly deteriorating clinical condition. We also accept that overlapping symptomatology of COVID-19 pneumonia with acute myocardial infarction or acute decompensated heart failure may require a CXR evaluation. A routine CXR may help to assess any dangerous abrupt clinical deterioration and also guide the practitioners to adopt early remedial measures.

We have revised the manuscript accordingly and added additional comments as suggested by the reviewer and highlighted the revised text in **blue color**.

We have added that surgeons should “adopt a less risky approach **by undertaking routine CXR evaluation** for immediate postoperative management” to clarify our opinion for any ambiguity if noted.

With part c, we wished to highlight the evidence that CXR remains a valuable tool for evaluation even in stable COVID-19 patients. The pulmonary complications being one of the most common perioperative complications among surgical patients needs to be considered for early detection of clinical deterioration to avoid fatal outcomes. The rationale is to avoid undertreatment as has been highlighted by the reviewer.

SPECIFIC COMMENTS TO SCIENCE EDITOR:

We thank you for your valuable comments.

1. Scientific quality:

- (1) We acknowledge your kind acceptance that the topic is within the scope of the WJV.
- (2) We have revised the manuscript with additional comments as suggested by the reviewer and have also emphasised that surgeon should avoid any

undertreatment to avoid fatal outcomes.

- (3) The manuscript has no tables and no figures.
- (4) The total references remain 9 in our manuscript.
- (5) There are no self- cited references.
- (6) We have not been asked to cite any references.

2. Language evaluation:

Language editing certificate from Filipodia is attached.

We acknowledge the points identified from 3 to 7. We thank you for the kind guidance.

SPECIFIC COMMENTS TO COMPANY EDITOR-IN-CHIEF:

We thank you for the conditional acceptance and valuable comments.

We have submitted a revised manuscript according to the peer review report and editorial office comments.