

Reply to the Reviewer/Editor

Dear Respected Editor/Reviewer

Thank a lot for the in-depth review of our manuscript and for your precious time that you spent in reviewing this study. We have revised the manuscript and answered the queries. All the changes were marked by red color for easily identification by the reviewer. We also tried to improve the language as we can. Thank you gain for your precious assistance. Here we are replying point by point:

Reviewer -1

Abstract section

- abbreviation should be explained at first appearance in text (e.g. COVID, ICU)

Comment- Correction was done and highlighted in red.

- “The rapid increase in COVID-19 cases has resulted in an increased number”- please rewrite

Comment- Correction was done and highlighted in red.

- “With the limited availability of literature regarding the outcomes of COVID-19 patients with tracheostomy, we attempted to study the clinical characteristics and multiple parameters affecting outcomes in patients who underwent tracheostomy.” – please rewrite

Comment- Correction was done and highlighted in red.

- “tracheostomy-related parameters like admission to tracheostomy, intubation to tracheostomy” – maybe you should rewrite this

Comment- Correction was done and highlighted in red.

Introduction section

- what do you mean by “dead place”?

Comment- its anatomical dead space. Correction was done and highlighted in red.

- “Tracheostomy will also help in reducing the generation of highly infectious aerosols associated with the use of high flow oxygen devices or non-invasive ventilation” – it seems that you recommend using tracheostomy in order to avoid the above-mentioned aspects. Maybe you can rephrase this.

Comment- Correction was done and highlighted in red.

- “Various recommendations and guidelines have been published regarding the safety of tracheostomy in COVID-19 patients; however, literature regarding the indications, timing, and outcomes of tracheostomy in COVID-19 patients is lacking. (7,8) Certain recommendations suggest that tracheostomy should be delayed for at least 14 days after endotracheal intubation to obtain better information regarding patient prognosis along with the reduced viral load. (9-13) Some recommend early tracheostomy so that patients can be weaned from the ventilator and shifted to ward care sparing the ICU bed. (14) But these recommendations are based on expert opinion and a well-designed study is needed to give a high level of evidence. In this study, we aimed to describe the clinical characteristics of patients who underwent elective tracheostomies and study multiple parameters affecting the outcomes in these patients.” – please try to rewrite in order to avoid repeating words

Comment- Correction was done and highlighted in red.

Material and methods section

- “the study is the part of the project which” – what project?

Comment- project name- Post discharge outcomes of COVID-19 patients following admission to the intensive care unit.

Correction was done and highlighted in red.

- “1st April 2020 to 30 September 2021” – 30th

Comment- Correction was done and highlighted in red.

- “variables as n” – what is n?

Comment- number (percentage) where n stands for number or exact frequency of the variable.
Correction was done and highlighted in red.

Result section

- if you inclusion and exclusion criteria were “all confirmed COVID-19 adult patients admitted to ICU who underwent tracheostomy”, “All patients with missing data were excluded from the study”, I think that the next phrases are confusing “113 mechanically ventilated patients with confirmed COVID-19 who underwent tracheostomy were screened for possible inclusion in the study. 93 patients satisfied the inclusion criteria. After excluding 20 patients, the final cohort consisted of 73 patients” - why weren't all 113 patients included? Why were there 2 sets of exclusions?

Comment- Correction was done and highlighted in red.

- “nonsurvivors.” – Non-survivors

Comment- Correction was done and highlighted in red.

- for uniformity, it is recommended to use “COVID-19” throughout the text

Comment – done

- what is “chronic kidney disease with AKI”?

Comment- chronic kidney disease with superimposed acute kidney injury

- explain CVA, CAD

Comment- Correction was done and highlighted in red.

- Explain HFNC, NIV, RA

Comment- Correction was done and highlighted in red.

- please use “p” or “P” for all situations (e.g. P=0.02, p <000.1)

Comment- Correction was done and highlighted in red.

- “But, the number of days from admission to tracheostomy, duration of ICU, and, hospital stay demonstrated no significance between survivors and non-survivors (Table 2)” – I don’t know if “demonstrated” is the best word to be used here. Please close the phrase using a punctuation mark.

Comment- Correction was done and highlighted in red.

Discussion section

- “The patient in the non-survivor group..” – the patients

Comment- Correction was done and highlighted in red.

- “as most of the studies on tracheostomy are retrospective observational studies”

Comment- Correction was done and highlighted in red.

- “During the COVID-19 pandemic, various studies have reported different timing of tracheostomy. Kwak et al. (26) reported a mean time of 12.2 days, Queen Elizabeth Hospital Birmingham COVID-19 airway team (27) reported a mean time of 13.9 days, Angel et al (28) reported a mean time of 10.6 days, Tang et al (16) reported median duration from intubation to tracheostomy of 17.5 days, Chao et al (10) reported a mean time of 19.7 days, Martin-Villares et al (18) reported intubation to tracheostomy time of 12 days on 1890 critically ill COVID-19 patients, Hernandez-Gracia et al (29) reported a mean time of 17 days, and Mario et al (30) reported a mean time of 15 days. In our study, the mean intubation to open tracheostomy time was 11.97 days and in 47.9% (n=35) COVID-19 patients' tracheotomies were performed within 10 days of intubation.” – please try to rewrite in order to avoid repeating words

Comment- Correction was done and highlighted in red.

- “p<. 0.001” – please correct

Comment- Correction was done and highlighted in red.

- “Further, most of the non-survivor in our study has late tracheostomy suggesting poor outcome in patients with late tracheostomy (beyond 10 days), which may be due to the worsening of the disease at later stages. But Tang Y et al (16) suggested better outcomes in tracheostomies done after 14 days” – please rewrite

Comment- Correction was done and highlighted in red.

- a reference should be place at the end of the exposed idea, before punctuation, not after

Comment- Correction was done and highlighted in red.

Reference section

- if you use “doi” for some reference, use it for all

Comment- done

Table 1

- “Table 1. Clinical-demographic parameters of covid-19 patients who underwent tracheostomy”
– COVID-19

Reviewer 2

Abstract

Background:

- An abbreviations/acronyms need to be written in full form the first time, and given short form in parenthesis, after that, you can use them consistently. For instance, COVID-19 ...correct as Coronavirus disease (COVID-19) for the first time in the abstract as well as introduction section for first-time, and then use COVID-19 consistently throughout the text.

Comment- Correction was done and highlighted in red.

- What do you recommend from this study?

Comment- Correction was done and highlighted in red.

Introduction

- Well written
- Please clearly provide the ultimate goal of your study.

Comment- Correction was done and highlighted in red.

Methods and material

- In the Exclusion criteria “All patients with missing data were excluded from the study... what percent of missing data exists?”

Comment- 13.5%

Results

- Well done

Discussion

- Writing p-values in the discussion section is not usual. Better to remove them.

Comment- Correction was done and highlighted in red.

- I recommend author include the following points:

- Add implications in the discussion section

Comment- The study may help the other clinician in designing the clinical trial for future research in pursuit of finding the best time of tracheostomy in critically ill mechanically ventilated patients.

- Directions for future research should be included.

Comment- Correction was done and highlighted in red.

- There are a number of grammatical and typos error that need to be thoroughly checked.
omment-

Correction was done and highlighted in red.