

Peer Review File

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Reviewer A

Prospectively evaluated use patient-reported outcomes and nursing workload for post-operative continuous bladder irrigation. Most urologists will accept CBI for what it is and not think about how it can be improved. I commend the authors for their interest in characterizing and improving one of the most frequently utilized post-operative regimens. This basic information will help the eventual development of automated, feed-back controlled CBI systems.

We thank Reviewer A for his kind comments.

Please clarify that the type of tubing utilized for CBI does NOT utilize a roller and flow is solely based on height alone.

We thank Reviewer A for pointing out this missing information. We added this information to the manuscript.

Please clarify whether the nurses were informed of the study. This may have impacted attention to the patient. Is there any baseline information of nursing contact with the patient outside of this study?

The nurses were generally informed of the conduction of the study, however, to limit this potential bias, nurses were not specifically informed when a certain patient was monitored. While reducing the possibility of this bias, it does not fully exclude the possibility. We therefore added this important point to the discussion section of our manuscript.

In this study, we focused on patients after transurethral surgery undergoing CBI. The created workload of patient group without CBI was not recorded since the administration of CBI post-transurethral surgery is the routine procedure for all our patients. We therefore did not have an adequate control group. We agree, that this is an interesting discussion point and added this to our discussion section.

Is there any information as to how many patients each nurse was assigned to during the time of the study? This may give recommendations for hospital floors to designate the appropriate patient to nurse ratio.

Thank you for bringing this up, we added this information to the manuscript.

Is there any information as to how often the bags went empty and for how long they were empty prior to being replaced?

We added this information to the manuscript.

Please provide recommendations for improving CBI based on the results of this study. Are there any attempts to make changes on the floors of the hospital where the study was performed?

The results of this study are currently used to develop a monitoring system for CBI. We did not implement changes in the current routine of our nursing staff, but we do draw motivation from the current results in the development of our monitoring system, since we a need is clearly present. We added a paragraph to our discussion section about this important point.

Reviewer B

This is a prospective study investigating CBI after transurethral surgery. This article gave us novel findings of PRO on CBI and staff's workload of CBI. However, there were some issues to be addressed.

We thank Reviewer B for taking the time and reviewing our manuscript. We appreciate the constructive criticism and the important corrections!

Major

1. Title should include the type of surgery. Readers cannot imagine the content of the current study from this title.

We changed the title accordingly.

2. Because this is a single-arm study, readers cannot decide whether the PRO on CBI is good or bad, or whether the workload is heavy or light. If possible, control arm which does not receive CBI after transurethral surgery should be set. Otherwise, the authors should refer previous studies which mentioned PRO and staff's workload after transurethral surgery.

In this study, we focused on patients after transurethral surgery undergoing CBI. The created workload of patient group without CBI was not recorded since the administration of CBI post-transurethral surgery is the routine procedure for all our patients. We therefore did not have an adequate control group. We agree, that this is

an interesting discussion point and added this to our discussion section, including current literature on workload of nursing staff.

3. In Methods of abstract, it should be described that CBI was carried out after transurethral surgery.

We added this information to the methods section.

4. The range of irrigation speed included 0. Did it mean that the current study included patients not receiving CBI?

This study only included patients receiving CBI and were included as long as the CBI tubing was attached to the patient. Therefore, in some cases, the influx was set to 0 while the patient was still included in the study. We added a paragraph to methods to make this clearer.

5. Details of postoperative management should be described in Methods. Especially, all of the items of supplementary questionnaire such as electronic permanent surveillance and additional tablet size surveillance device must be described.

We added a paragraph about postoperative management to give the reader more information about our postoperative management. We also added a chapter to the results section to cover the results of the mentioned questionnaire.

6. What does figure 1 indicate? Additional comments are needed in figure legend.

We extended the figure legend.

Minor

1. In Methods, it should be described that only male patients were enrolled in the current study.

We added this information to the manuscript.