

Peer Review File

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Reviewer A

Comment 1: The review is well written, and main critical steps are well described. The paper is worth publication in the present form.

Response 1: We appreciate your kind comments.

Reviewer B:

Dear Authors,

The paper is a good overview of cardiac anaesthesia in a developed and still developing area of cardiac surgery, minimally invasive cardiac surgery. I have two suggestion to consider:

Comment 1: The title is so general, so this title has been used by a couple of authors, who showed interest in this area, e.g. In book: Cardiac Anesthesia: Principles and Clinical Practice. Chapter 25:Anestheisa for minimally invasive cardiac surgery, Randall M.Schell et al. Suggested title" Overview of anaesthesia and analgesia in minimally invasive cardiac surgery".

Response 1: We were given the title by the issue editors, Yasir Abu-Omar and Jason Ali, and do not consider it our place to alter it without consultation. I am wondering if this is something the journal's Editor in Chief might want to pick up.

Comment 2: We perform many minimally invasive cardiac surgeries (MICS) annually. I would suggest the authors to emphasize that boarder between the standard anaesthesia used in conventional and in MICS, and alternative anaesthesia procedures e.g. thoracic epidural anaesthesia. Thoracic epidural anaesthesia was reported only in small cases and even in experienced centers it has not become a standard procedure. Additionally it has nothing to do for increasing patient safety as other less invasive procedures are available to manage postoperative pain.

Response 2: Thank you for this valuable comment. We have added an additional sentence to the TEA section of the main text. It highlights that it is serious safety concerns that have so far prevented the wider use of neuroaxial techniques in cardiac anesthetic practice.

Guest Editors:

Thank you for your submission on anaesthesia for minimally invasive cardiac surgery. It is a very well written and comprehensive review of the topic. Please consider the reviewers comments and the following:

Comment 1: You do not need to change the title unless you feel compelled to.

Response 1: Please see comment above

Comment 2: I wonder if you have any figures/photos that could enhance the review; and similarly if you could consider generating 1 or more tables to break up the text.

Response 2: Unfortunately it is very difficult in the UK to obtain intra-operative photos and requires numerous consent procedures. For this reason, and not to cause any undue delay, we have not sought to include any photos.

If so desired, we can add drawings from regional anesthesia publications. However, we are not sure if they add substantial value to what is primarily a cardiac anesthesia paper. The relevant – and cited – RA papers are easily accessible and interested readers should be able to inform and further educate themselves without encountering any problems.

Thank you for the suggestion to break up the text with some tables. We have taken this up and added 2 tables.