

## Peer Review File

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### Reviewer A

This article is very well written. No substantial grammar flaws were found, but please check the "prevention" section for the sentence close to where the references 37,38 are and place the punctuation correctly. The topic is well developed in a pretty complete and resumed manner. My pleasure to review this article.

*Response:*

*Thank you for this comment. I am not able to identify the grammatical error to which this comment refers.*

### Reviewer B

Thank you for this nice summary of existing knowledge about POD.

I am missing any information about the decision, which paper you include into your article and which not. Did you have any systematic search strategy?

*Response:*

*We did not have a search strategy. This is not a systematic review but rather a clinical practice review as suggested the VATS editorial staff. The papers included in this review were either suggested by experts in the field or the products of search inquiries made for certain specific topics.*

The manuscript reads a little storytelling.

I am missing a "Methods" part.

*Response:*

*As mentioned above, we did not use a search strategy for this review. This manuscript, as written, should not require a methods section.*

Other minor issues:

- Title Page: Please add the country to the affiliations

*Response:*

*Countries have been added*

- Line 74-81: Please state, that the risk factors, that you mention are just a selection. There are far more risk factors for POD (depth of anesthesia, length of ventilation,...)

*Response:*

*A statement to this effect has been added in lines 74-75.*

- Line 81: benzodiazepines are not only relevant after surgery

*Response:*

*We agree with this statement and do not believe that line 81 suggests otherwise.*

- Line 102-108: I would suggest the 3D-CAM for detection of POD, because it covers more dimensions than the CAM: 10.1111/jgs.14234. Perhaps you should discuss that?

*Response:*

*Thank you for this suggestion. We have included the 3D-CAM model in our text and added related references.*

- Line 186: How did you do your cost calculation? Could you please clarify?

*Response:*

*Please see the cited paper by Gou et al.*

### **Reviewer C**

This review summarizes the incidence and risk factors, presentation and diagnosis, prevention, management, and broader impact of POD. It is a short review less than 2000 words and is very concise. Several areas need to be further clarified.

For presentation and diagnosis, the authors stated, “POD can present immediately after anesthesia in the post-anesthesia care unit through hospital discharge”. Delirium that occurred in the post anesthesia care unit is usually due to emergence delirium and often as a result of anesthetics such as inhalational anesthetic. The effect is short. Please further clarify this.

*Response:*

*We have added a sentence (Line 86) that explains that cases of POD can vary in length and etiology.*

The authors stated, ‘For arousable patients with RASS scores of –3 or higher, assessment for delirium is the next step. The Confusion Assessment Method (CAM) (32) and Confusion Assessment Method for the Intensive Care Unit (CAM-ICU) (33) are most commonly used.’

Please give some details what CAM and CAM ICU are, the similarity and difference between them. Also, when would you use one or the other tool?

The authors stated, “Frequent and focused review of medications can limit exposure to medications that might contribute to POD. In general, it is best to avoid anticholinergics, antihistamines, and benzodiazepines, especially in older patients. Please give names of the commonly used anticholinergics, antihistamines, and benzodiazepines so that the readers will know what to avoid.

*Response:*

*We have added a sentence explaining the difference between 3D-CAM and CAM-ICU (Lines 109-111). We have also added examples of each medication class (Lines 135-137)*

The table on the risk factors is excellent. Suggest that the authors do a table on management.

*Response:*

*Thank you. We will work on a table on management for subsequent publications.*

Ref 30 is a blog? Suggest not to use as a reference.

*Response:*

*This blog is published by UT Southwestern and this particular post is written by a fellowship-trained geriatrician. We believe it is appropriate for inclusion in this paper.*

### **Editorial Comments**

1. Please revise "Background" as "Introduction"

*Response: This revision has been made.*

2. It is important to present the rationale right at the beginning. The authors should state what gap exists in existing reviews and what additional information/contributions this clinical practice review brings out for our readers in the Introduction section.

*Response: A statement of purpose has been added in lines 68-70.*

3. As the manuscript provides to-some-extent un-systematic review, it would be better if the authors could add a limitation section, which increases objectivity of this manuscript.

*Response: We have added lines 70-72 to explain that this review is not systematic but rather a collection of articles selected by experts in the field.*