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Response to the comment of changes of endotracheal tube cuff pressure and its indicators in laparoscopic resection of colorectal neoplasms: an observational prospective clinical trial: BMC anesthesiology. 2024 Nov 13;24(1):413

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Abstract

We sincerely appreciate the valuable comments from the readers, which provide insightful feedback to help us improve our future work. We acknowledge that multiple factors can influence tracheal tube cuff pressure, and we have carefully considered the suggestions provided. Regarding the peritoneal insufflation pressures, these values in different time points had no significant difference as reported in our previous manuscript.

Clinical trial number: ChiCTR2100054089. URL: <https://www.chictr.org.cn/edit.aspx?pid=142785&htm=4>, Principal investigator: Manlin Duan, Date: 08/12/2021.

Keywords Tracheal tube cuff pressure, Laparoscopic surgery, Peak airway pressure

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Dear Editor,

We sincerely appreciate the valuable comments from the readers, which provide insightful feedback to help us improve our future work. We acknowledge that multiple factors can influence tracheal tube cuff pressure, and we have carefully considered the suggestions provided.

In response to the comments, we agree that further investigation into the influence of cuff compliance and the use of volume control ventilation on tracheal tube cuff pressure during laparoscopic resection of colorectal neoplasms would be beneficial. These factors could indeed play a significant role in optimizing patient outcomes, and we will consider incorporating these aspects into our future research.



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Table 1 Baseline characteristics of patients and surgery

Characteristics, <i>n</i> = 122	
Age (yr)	46.2 (40.0–57.0)
Female, <i>n</i> (%)	87.0 (71.3)
BMI (kg/m ²)	23.0 (20.4–26.0)
WC (cm)	81.1 (72.0–87.0)
NC (cm)	34.8 (32.7–37.5)
HC (cm)	94.7 (88.0–100.4)
Operation Duration (min)	151.5 ± 61.1
Anesthesia Duration (min)	206.6 ± 72.0
Pneumoperitoneum Duration (min)	88.2 ± 38.8
ASA, <i>n</i> (%)	
I	12 (9.8)
II	103 (84.4)
III	7 (5.7)
Tube size (mm), <i>n</i> (%)	
7	87 (71.3)
7.5	34 (27.9)
8	1 (0.8)
Mallampati classification, <i>n</i> (%)	
I	37(30.3)
II	85(69.7)
Tracheal tube cuff pressure at T ₀ (cmH ₂ O)	41.0 (29.0–53.3)
Peritoneal insufflation pressure (mmHg)	
T ₁	12.5 ± 1.2
T ₂	12.4 ± 1.1
T ₃	12.4 ± 1.3

The values are expressed as median (25–75th percentiles), mean ± SD, or number of patients (percentage). *P* < 0.05 is considered statistic significant.

Abbreviations: BMI: body mass index; WC: waist circumference; NC: neck circumference; HC: hip circumference; ASA: American Society of Anesthesiologists; T₀: the moment of cuff poilot connected to transducers; T₁: 15 min after pneumoperitoneum; T₂: 30 min after pneumoperitoneum; T₃: 45 min after pneumoperitoneum.

Regarding the peritoneal insufflation pressures, we would like to clarify that these values have already been

reported in Table 1 of our previous manuscript. We hope this information addresses the readers' concerns.

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Author contributions

Xuan Wang, Shenquan Cai, Jie Zhang, Guangli Zhu and Chenyao Jian helped revise the manuscript for important intellectual content. Manlin Duan, Shanwu Feng helped revise the manuscript for important intellectual content. All authors read, edited, and approved the final manuscript.

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Data availability

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

The protocol was approved by the Research Ethics Committee of Jinling Hospital, Jinling School of Clinical Medicine, Nanjing Medical University (Ethical Application Reference: 2022DZKY-024-01 Nanjing, China) on 18 March 2022. All methods were performed in accordance with relevant guidelines and regulations and with CONSORT recommendations. Before participation, all the patients and / or their legal guardians provided written informed consent.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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