Response to: Would Dedicated Emergency Surgery Professionals Improve the Emergency General Surgery Service and Reduce the “Weekend Effect”?

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Dear Editor,

Thank you for publishing our manuscript and for the opportunity to respond to these comments. We appreciate the interest and kind words from Dr. Birindelli and colleagues and agree that this is an important topic, both in Europe and in the USA. We would like to respond to their concerns as follows:

1. Due to the large number of patients examined in this study, many patient demographics in Table 1 were statistically different between the weekday and weekend groups. However, they were quite similar and differences were not great enough to explain differences in surgical outcomes between the groups, as demonstrated by the multivariate analysis. This should have been worded in the text as “clinically significant” and the authors apologize for the lack of clarity.

2. There is actually no discrepancy between Table 1 and Figure 1, only a difference in resolution. Mortality and severity of illness in Table 1 are rounded to the first decimal place, while the raw data were used to create Figure 1. Therefore, the 0.3% mortality rate for appendectomy in both groups is not identical in Figure 1, while it is in Table 1. We apologize for this confusion.
3. This is a correct criticism, and the text should read “Figure 1 is a graphical representation of noteworthy data from Table 1.”

We appreciate the attention to our work and invite future investigations on the same topic. Thank you to the editors for the opportunity to discuss these points.

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