

## Format for ANSWERING REVIEWERS



June 11, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10327-Review.doc).

**Title:** Comparison of the modified and conventional delta-shaped gastroduodenostomy in totally laparoscopic surgery

**Author:** Chang-Ming Huang, Mi Lin, Jian-Xian Lin, Chao-Hui Zheng, Ping Li, Jian-Wei Xie, Jia-Bin Wang, Jun Lu

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 10327

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

**(1) Reviewer code: 00503623**

The MS, ESPS, No. 10327, provides insightful and well illustrated review as to the safety and feasibility of a modified delta-shaped gastroduodenostomy (DSG) in totally laparoscopic gastrectomy (TLDG). Based on the experience with 63 gastric cancer patients undergoing TLDG with DS, the conclusion is that modified DSG is technically safe and feasible, with acceptable surgical outcome. This is well written and quite instructive work. Congratulations !

**(2) Reviewer code: 02929151**

The present study was performed to evaluate the safety and feasibility of a modified delta-shaped gastroduodenostomy (DSG) in totally laparoscopic distal gastrectomy (TLDG), compared with conventional DSG. The conclusion was that modified DSG was technically safe and feasible, with easier process to shorten anastomosis time and acceptable surgical outcomes. Although it is novel, there are some questions as follows:

- ① Whether the complete resection of duodenal cutting edge might increase anastomotic tension in modified delta-shaped gastroduodenostomy?

**Response:** Before the DSG, under the premise of R0 resection for the tumor, a sufficiently long duodenal stump and a suitably sized remnant stomach would be retained. Furthermore, when the common stab incision was closed and the duodenal cutting edge was completely resected, we took a direction perpendicular to the cutting edge of the remnant stomach and removed the tissue as little as possible. Therefore, the complete resection of duodenal cutting edge would not increase the anastomotic tension. We had supplemented the "Modified DSG" of the "Surgical procedures" in the "MATERIALS AND METHODS" and the paragraph 3 of the

**“DISCUSSION”.**

- ② The anastomosis time was significantly shorter in the modified DSG than in the conventional DSG, what is the reasons?

**Response:** The main reason is that we omitted the step of the laparoscopic suturing used in conventional DSG to produce an involution of the common stab. Instead, the modified procedure required only the instruments of the surgeon and the assistant to directly grasp the tissue and accomplish the involution of the common stab incision. Thus, it simplified the operation procedures and shortened anastomosis times. We had supplemented the paragraph 2 of the “DISCUSSION”.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Chang-Ming Huang, MD

Department of Gastric Surgery,

Fujian Medical University Union Hospital,

Telephone: 13763875180, Fax: +86-591-83320319

E-mail: hcmlr2002@163.com