

ANSWERING REVIEWERS

September 10, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12083Answering Reviewers.doc).

Title: Is intraoperative cholangiography necessary during laparoscopic cholecystectomy for cholelithiasis?

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 12083

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

(一) The first reviewer:

Need to match the patients Liver function tests and pre-op biliary imaging findings in detail. May be authors have this data and can please add it. Otherwise, it is difficult to interpret the data.

The Liver function is normal in all the patients were enrolled in the trial; therefore, it is not needful to show in the paper.

(二) The second reviewer:

1) Where there any patients in just the Laparoscopic cholecystectomy (without routine cholangiogram) group where the authors felt the need to or changed approach and did a cholangiogram to clarify the anatomy.

Yes, some patients indeed need to do cholangiogram to clarify the anatomy in routine LC. Normally, we excluded this kind of patient in our trial.

2) The patients who were converted to open were excluded from analysis however did some of them get a cholangiogram before conversion then this group would be relevant to the analysis.

The patients who were converted to open were excluded due to the aim of this paper is to find out whether cholangiogram can find CBD injury and whether patients will benefit from cholangiogram. We did not use cholangiogram any more if the patients were converted to open.

3) The authors had one patient in whom a Lap CBD repair was performed where the routine cholangiogram was helpful in identifying a small injury, they have compared this to a patient in the other group who had a bile leak which may have been presented if a routine cholangiogram was performed, so cholangiogram could have been helpful in both those patients and a comparison of the complication rate and comparing means hence is not relevant as it implies that one complication happened in both the groups.

I agree that cholangiogram could have been helpful in some patients; however, it is just 'could', our data find out it maybe not good for all the patients.

4) The mean length of stay was 4 to 5 days with Lap cholecystectomy which seems very long as usually Lap cholecystectomy is performed as same day surgery in USA and Europe with 3 to 4 hours stay afterwards, can the authors comment on that.

When in Rome, do as the Romans do. In China, there is no hospital daring to discharge patients in 3-4 hours after LC as far as I know.

5) A finding that I would highlight is that the frequency of retained CBD stones was low and for that reason routine cholangiogram may not be necessary just to identify missed CBD stones where Ultrasound, Liver function is not suggestive of them.

We did not touch which approach is the best way to identify missed CBD stones, probably, The Ultrasound and Liver function we can choose from.

(三) The third reviewer:

Did all patients receive the imaging examinations such as ultrasonography or computed tomography before laparoscopic cholecystectomy?

Yes, all the patients received the ultrasonography before LC, that is why we can compare gallstone maximum size and number in the table 1, all of these data come from ultrasonography.

3 References and typesetting were corrected

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

Sincerely yours,

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