

## **Response to Reviewers comments**

At the outset I would like to thank Reviewer 2 and Reviewer 3 for their appreciation of this manuscript. A special thanks to reviewer 2, for his very valuable comments, that has gone a long way in making this manuscript better.

Response to reviewer 2 queries.

1. A statistical analysis has now been carried out using Fischer exact test- to determine the outcome based on the day of detection of the injury. This is reflected both in the abstract and text
2. In the manuscript the methods and results have been separated by a paragraph
3. The word **where** has replaced **were**- in the places where these errors were made and are marked in red
4. The present data adds the difference in survival during days 0 to 5 and their p value is added. This is also reflected in the new chart that has been added
5. Mechanism of injury with veress. It is difficult to know whether the reduction in the incidence of injury by verres needle is because of experience gained in its usage, use of open technique more often, or non reporting of injuries with veress needle. It could be a combination of all the three. I have changed the sentence to avoid editorialization.
6. The sentence *injudicious* use of cautery has been changed to- *during the use of cautery*
7. The sentence on - that there is no difference in injury rate between experienced and non experienced surgeons has been deleted. However, based on the report in the literature, injuries even in the hands of experienced surgeon has been retained, in view of the complex cases that they do.
8. The average rate of 46% on day 0(detected on the table and the incidence and outcome on each of the day of detection in mentioned in the text and depicted in the chart
9. The finding of amylase and bile in the drain fluid are independent of one another. While the bile in drain could also be from biliary tract injury, the presence of bile and amylase indicates an duodenal injury. Sometimes only rise in amylase levels are noted without the presence of detectable bile. This is made clear in the text and conclusion
10. Since there are no articles on the role of HIDA scan specifically in duodenal injury, this has been omitted
11. The sentence of laparoscopy now precedes the sentence on management of delayed cases in the segment on management. These changes made are marked in red
12. There was only one case in this review where a Whipple resection was carried out on a patient with duodenal injury that was detected on the 4<sup>th</sup> postoperative day. Why a Whipple was carried out is not clear in the text. But the patient stayed in the hospital for 2 months after that before he was discharged. A new sentence is added regarding this.

13. The second sentence in the conclusion has been changed with laparoscopic cholecystectomy being placed in the early part of the sentence

### Response to Chief Editors comment

1. An extensive statistical analysis has been carried out.  
The model (fixed or random effect) for meta analyses was selected, based on  $Q$  and  $I^2$  statistics. STATA software was used to draw the forest plot and to compute the overall estimate and the 95% CI (confidence interval) for the time of detection of injury and its outcome on mortality. The association between time of detection of injury and mortality was estimated using chi-square test with Yate's correction. Based on Kaplan Meier survival curve concept, the cumulative survival probabilities at various days of injury were estimated.
2. The clarification of method is carried out
3. PRISM guidelines regarding data collection are employed and there is a figure delineating it
4. In the conclusion a paragraph is added as to how the paper impacts and how it could change practice