BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

**Name of Journal:** ***World Journal of Gastrointestinal Surgery***

**ESPS Manuscript NO: 23091**

**Manuscript Type: Systematic Reviews**

Reviewer 1. Well done systematic review

Answer: We really appreciate your comment and we are happy to contribute to the medical community.

Reviewer 2.

Answer: We hope the revised version adds more to consider.

Reviewer 3.

"General comments The authors present a sistematic review of laparoscopic colon surgery, comparing patients with previous abdominal open surgery (PAOS)to those without previous abdominal open surgery. Specific commentss: The vast majority of your patients were operated on for cancer, an important point to emphasize as that is not typical of most surgeons. There is a steep learning curve to achieve those advanced laparoscopic skills. Surgeons in the early part of their learning curve should carefully select patients in order to allow surgeons to build experience in a stepwise manner. You should explain this important point."

Answer: Dear Sir/Madam, we thank you for this important consideration and we added comments in the Discussion about both points.

Reviewer 4.

"Dear editor: Thank you very much for giving me the opportunity of reviewing the manuscript named 'Short-term outcomes after laparoscopic colorectal surgery in patients with previous abdominal surgery: a systematic review'. It has been my pleasure since we have recently published our experience on this topic (Haksal M, Ozdenkaya Y, Atici AE, et al. Safety and feasibility of laparoscopic sigmoid colon and rectal cancer surgery in patients with previous vertical abdominal laparotomy. Int J Surg. 2015;21:97-102). This manuscript is a satisfactorily written systemic review on this problematic subject, and includes a total of 5005 patients, 1865 with previous abdominal open surgery (PAOS). The heterogeneity of the patients in PAOS group is underlined, but I have some concerns need to be answered and discussed, most of which aim to detail the concept of 'heterogeneity'. If the authors have adequate data regarding the following issues, it may be better to give more information, unless these issues need to be discussed in the discussion section.

1. Some kinds of previous abdominal operations and incisions have limited of no effect on laparoscopic technique, since the location of the procedure is far from the previous incision side. For example: it is unlikely for a subcostal or a McBurney incision (open liver or gallbladder surgery or appendectomy) to affect the technique and outcomes of a sigmoidal or rectal resection. 2. The

effect of previous laparotomy may alter in different types of laparoscopic colorectal procedures. For example: right hemicolectomy may still be easily performed in a case, who previously had a hysterectomy, when the procedure is compared with a low anterior resection. 3. The diseases may also have an impact. For example: a wider, oncological resection is necessitated in patients with a colon cancer than those with Crohn's or diverticular disease. So the underlying disease is better to be addressed. 4. The insertion of the first trocar is an important problem in patients with a previous laparotomy. Which of the open technique or a Veress insertion is preferred may be studied. In my opinion, this paper may be published with minor revisions."

Answer: Dear Sir/Madam, we understand your point of view regarding different previous surgeries interfering or not with the current colorectal surgery. We do agree with you. We have added to the text comments about "heterogeneity" which refers not only to studies' design or statistical methods, but also to those aspects: type of previous surgery or diseases and actual surgery performed. We have also highlighted the number of cancer patients (some studies referring only to oncological procedures) and number of previous cases with a midline incision. Unfortunately, based on the studies selected to the revision, there is no separate date on previous surgery x current surgery to compare. But we do specifically point this out in the article.

Reviewer 5.

"I appreciate the work the authors did while preparing this SR. It confirms

the common belief that preious surgery should not by the contraindication for laparoscopy. I thing that apart from endpoints that were chosen, there is another endpoint that should be included - the operative time. It is of grat relevance in terms of previous surgery. Can authors comment on that or maybe perform additional calculations? Besies, although I am not a native speaker I think that the manuscript requires some kind of language polishing before it is published."

Answer: Dear Sir/Madam, we appreciate your comments and we have submitted the English revision to a native-speaker colleague. Regarding operative time, the studies selected to the revision do not have data on this endpoint, so we could not add operative time in our results. But we refer to operative time in the discussion. Although operative time might be longer due to adhesiolysis it should not preclude laparoscopy from being performed, nor does it seem to interfere in morbidity.

Reviewer 6.

"This topic is always complicated in terms of heterogeneity related to the type of prior surgery, surgical technique and operative experience of the surgeon. The review is well planned and requires small revisions. I have some minor comments to improve the paper - Can we classify the results based on type of prior operation, resident involvement to the case, primary diagnosis for the laparoscopic surgery ? -Discussion, Pls add 1 more paragraph or imprive the existing one about conversions in patients with prior abd operation. The

paper can be a good source ( Br J Surg. 2013 Nov;100(12):1641-8. doi: 10.1002/bjs.9283.) for this. Does conversion worsen the outcomes as a failure of laparocopic surgery? - Pls review the paper with a native speaker before publishing"

Answer: We agree with your comment. We have emphasized "heterogeneity" according to those aspects as suggested. Unfortunately, the studies do not provide data according to those aspects for us to separate in our analysis. But we have emphasized this in the Discussion. We also thank for the suggestion of the reference, and we think it fits perfectly as an aspect of the Discussion that we had already mentioned (morbidity not directly related to conversion, as seen in our results) and we have added the reference to our text.