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Editors-in-Chief
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Title: What operation for recurrent rectal prolapse after previous Delorme's procedure? A practical reality.

Dear Sirs,

We are grateful to your reviewers for their comments with regard to our paper. We have addressed them in the revised version of the manuscript and in addition would like to provide more detailed response to all questions below:

Reviewer 03252939

Q. "Relevance of the topic Management of recurrent rectal prolapse is always a hot topic for colorectal surgeons. The title suggests that the authors' focus is clinical results from recurrent rectal prolapse treatment experience. However, the aim states that the authors want to report their experience in "primary and recurrent rectal prolapse".

A. The aims have been modified accordingly stating that the primary aim of this study was to analyse our experience with the treatment of recurrent rectal prolapsed after failed perineal repair (Delorme's procedure) and, in particular, factors that influenced further management. We also reported our experience with Delorme's procedure as a treatment of primary rectal prolapse.

Q. "Methods should state clearly that it is a retrospective study (it is mentioned in the abstract, but not clearly mentioned in the methods section)".

A. This has been addressed during the revision and clearly stated in the "Materials and Methods" section of the manuscript.

Q. "The median duration of follow up was" is a result... it should not be mentioned in the methods section, but in the results. Statistical analysis should state that non-parametric statistics methods were used, and why. This can be inferred from the use of medians. p is not capital P".

A. Appropriate changes have been made to incorporate the aforementioned points. The statement with regard to the duration of follow-up has been transferred to the "Results" section of the manuscript.

Q. *"Results: Words like "majority" or "approximately" should not be used. The authors need to be precise regarding the number of surgical mortality and morbidity. Were other variables tested as predictors of recurrence besides urgent or elective surgery? If not, this should be done. If so, it should be clearly mentioned that they were not statistically significant".*

A. **The relevant changes have been made in the revised manuscript to incorporate the above. Recurrence rate for patients undergoing an urgent Delorme's procedure who presented as an emergency was higher (3/4, 75%) compared to those treated electively (9/39, 23%), p value 0.034. No other factors included in the analysis were identified to be statistically significant predictors of recurrence.**

Q. *"It would be interesting to compare surgical morbidity and mortality between the first and the second procedure".*

A. **Surgical morbidity was higher in patients undergoing surgery for recurrent rectal prolapse (2/7, 28.5 %) vs. primary Delorme's (4/36, 11.1%), p value 0.004, and the only mortality in the case series was that of a patient who had surgery for recurrent prolapse.**

Q. *"The paper suggests that these results lead to the proposed algorithm. This is not true since surgical decision-making protocols cannot be established by retrospective non-multicentric studies. Also, the algorithm was not tested since it was not compared to different techniques in the same clinical situations (which is not the aim of this work). I suggest that the algorithm that the authors used for surgical decision should be mentioned in the methods section, explaining which was the technique selection for each patient".*

A. **Appropriate changes have been made**

Reviewer 03252972

Q. *"The authors reported their retrospective data regarding the Delorme's procedure, which is one of the interesting topics. The title of the manuscript is confusing. Why it is about "rectal prolapse after previous Delorme's procedure", while in the manuscript primary and recurrent cases are both included? Please verify what is exactly your target patient population. Also change either your title or methods accordingly".*

A. **The aims have been modified accordingly**

Q. *"The limitation of this study is not sufficiently addressed in the manuscript. For example, this study is retrospective, which certainly influence the level of evidence of this study. This needs to be discussed. Also, there is no statistical comparison in this study due to its retrospective nature, which also influences the credibility of the results".*

A. An additional paragraph was added in the “Discussion” section to highlight the point that the study, being retrospective observational in its design, had inevitable limitations in comparison with a randomised controlled trial.

Q. “Personally I don't think the authors may propose an algorithm based on the current data. I'm not sure whether it might fit the methods section more than the discussion section”.

A. We agree that this is a valid comment and have made appropriate changes in the “Discussion” section.

Q. “Personally I am interested in the quality of life with the different procedures. It would be very interesting if they authors may have some data in this regard as well”.

A. Unfortunately these data could not be collected accurately and proved to be insufficiently robust to be included in manuscript.

Reviewer 03317017

Q. “Accept”

A. We are grateful to the reviewer this positive feedback and have no additional comments.

Yours sincerely,

Muhammad A Javed
Faryal G Afridi
Dmitri Y Artioukh