

Point-by-point responses

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Column: Review

Title: Protocol for laparoscopic cholecystectomy: Is it rocket science?

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Thank you for your reviewers' comments.

According to your valuable suggestions, we revised our initial manuscript.

We prepared Marked revised manuscript and Clear version. Also, this response was separately made.

To Reviewers nr. 02554592

1. More positive data

Thank you for your valuable suggestion.

Beneficial data following the protocol for laparoscopic cholecystectomy for the decrease of conversion rate and the decrease of injury rate.

According to your suggestion, we added a mention as follow; 'We have no cases with OS conversion or with biliary injury, if this protocol was followed.' (Page 21 line 3-4, in the Marked revised manuscript).

To Reviewers nr. 02824253

Thank you for your positive evaluations. Thank you.

To Reviewers nr. 03479640

1. The mention for the retraction of the fundus

Thank you for your valuable suggestion.

According to your suggestion, we added the mention as follow: 'In a word, the fundus is retracted cranially and towards right shoulder.' (Page 7 line 16-17, in the Marked revised manuscript)>

To Reviewers nr. 02550913

Thank you for your valuable suggestions.

According to your suggestions, we revised our initial manuscript.

1. Importance of a flexible laparoscope, a 10-mm laparoscope and a gauze placement.

Thank you for your valuable suggestions.

According to your suggestion, we added the mentions as follow: ‘Based on our experience, a flexible laparoscope is better from the viewpoint of excellent vision.’ (Page 6 line 28-page 7 line 1, in the Marked revised manuscript), ‘Based on our experience, a 10-mm laparoscope is better from the viewpoint of enough luminous source.’ (Page 7 line 8-9, in the Marked revised manuscript), ‘Based on our experience, this gauze placement is useful.’ (Page 7 line 26, in the Marked revised manuscript), and ‘We recognize that a flexible scope is not readily available at all institutions around the world. However, from this viewpoint, a flexible laparoscope is better.’ (Page 8 line 7-9, in the Marked revised manuscript).

2. A flexible laparoscope is not available in all institutions.

Thank you for your valuable suggestion.

According to your suggestion, at first, we clearly mentioned as follow: ‘We recognize that a flexible scope is not readily available at all institutions around the world.’ (Page 8 line 7-9, in the Marked revised manuscript).

The CVS should be established using the many-angled views. The GB is then removed from the LB without injury. This is an important goal during LC. From this viewpoint, we added the mention as follow: ‘However, from this viewpoint, a flexible laparoscope is better.’ (Page 8 line 8-9, in the Marked revised manuscript).

3. Intra-operative cholangiogram

Thank you for your valuable suggestion.

According to your suggestion, we added the relevant literatures mainly in 2016, which discussed on intra-operative cholangiogram during LC (Refs# 57-62, in the revised manuscript).

Thank you for your comment that a using dye is interesting. We agree that the dye does not give an intrahepatic graph of the entire biliary tree, and therefore we focused on the type A injury. According to your suggestion, we added the mention as follow: ‘The 10% detection rate of a type A biliary injury during LC will improve when the procedure is combined with a contrast agent and dye. Usage of a contrast agent and dye may not give an intrahepatic cholangiography.’ (Page 14 line 8-10, in the Marked revised manuscript). We added the relevant literatures mainly in 2016, which discussed on intra-operative cholangiogram with dye during LC (Refs# 58, 60 and 61, in the revised manuscript).

4. Fine and positive data

Thank you for your suggestion. Some reviewers required positive data. We want to show fine and positive data, even our personal data.

5. Detailed mentions in the document

Thank you for your suggestion.

Some reviewers positively evaluated our detailed mentions, and please understand that this mention is permissive in our review paper.