

Answering Reviewers

00731523:

Thank you very much for your comments!

02099384:

Au et al. described a review on hepatectomy of living donor liver transplantation. I have some comments.

1. The text is written over all on donor hepatectomy, not specially emphasized on 'minimum invasive' procedure. The title of the manuscript is not well adapted with the content of the manuscript.
2. Is PL or RW truly less invasive? It can be related with less destructive of the trunk.
3. (P10) What are RWDH, PLDH and MIDH? Please spell out.
4. (P15) Which is more standard in PL or RW in route of ICG administration, via intravenously or cystic duct?

Thank you very much for your comments and advices!

1. The current review aims to provide insight into our progress and current position in minimally invasive donor hepatectomy. We certainly agree that the pure laparoscopic approach is the benchmark for minimally invasive donor hepatectomy. However, we also believe that reduced-wound approaches are important bridging procedures between conventional open approach and pure laparoscopic approach, and therefore warrant discussion in this review. We sincerely hope that we could keep our current title as the different approaches described in the current review represented important landmarks for approaching minimally invasive donor hepatectomy.
2. We agree that donor hepatectomy, no matter via which approach, represents a major invasive operation to the donor with significant morbidity. Part of donor morbidity is related to abdominal wall trauma or tissue manipulation^{1,2}, including chronic pain, intestinal obstruction and hernia. The minimally invasive approaches described were attempts to reduce operative morbidity via minimizing abdominal wall trauma and tissue manipulation. From the example of laparoscopic hepatectomy performed for tumour resection, we observed less operative morbidity from reduced abdominal wall trauma. Although the true invasive nature of the donor hepatectomy remains unchanged, we hope we could anticipate improved outcomes with reduced wound or laparoscopic approaches.
3. Thank you for your comments. RWDH, PLDH and MIDH represent

reduced-wound donor hepatectomy, pure laparoscopic donor hepatectomy and minimally invasive donor hepatectomy. The manuscript has been revised for clarification.

4. Intravenous route of ICG administration is the preferred route for fluorescent cholangiography for its simplicity and ease of administration. The robotic series is performed with intravenous ICG cholangiography. The manuscript has been revised accordingly.

References

1. GhobrialRM, FreiseCE, TrotterJF, et al. Donor Morbidity After Living Donation for Liver Transplantation. *Gastroenterology*. 2008;135(2):468-476. doi:10.1053/j.gastro.2008.04.018.
2. AbecassisMM, FisherRA, OlthoffKM, et al. Complications of Living Donor Hepatic Lobectomy-A Comprehensive Report. *Am J Transplant*. 2012;12(5):1208-1217. doi:10.1111/j.1600-6143.2011.03972.x.