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Editorial board of World Journal of Gastrointestinal Surgery
Professor Chedid
World Journal of Gastrointestinal Surgery Editorial Office
7901 Stoneridge Drive, Suite 501
Pleasanton, CA 94588, USA

Amsterdam, August 15th 2018

Dear Sir,

Please find enclosed the revision of our manuscript entitled "A systematic review of cystic duct closure techniques in relation to prevention of bile duct leakage after laparoscopic cholecystectomy", which we would like to re-submit for publication in the World Journal of Gastrointestinal Surgery.

Our responses to the comments of the reviewers and editors are attached to the bottom of this letter. This systematic review is of special interest for the readers of the World Journal of Gastrointestinal Surgery and we feel that the World Journal of Gastrointestinal Surgery represents the appropriate platform for publication of this manuscript.

This manuscript has been seen and approved by all authors. The manuscript has not been published before and is not being considered for publication elsewhere. No conflict of interest has been reported by any of the authors.

Thank you for your consideration of the publication of our revised manuscript.

On behalf of all the authors,

Yours sincerely,

Aafke van Dijk

Our response to the reviewers' and the editor comments is as follows:

Editor's comments

We would like to thank the editor for a thorough read and we answered all questions within the revised manuscript. Track changes were used and all changes were highlighted.

1. We added a running title.
2. We added the postcodes of each author.
3. A telephone number was added for the corresponding author. A fax number is not available, as we do not use fax.
4. The caption 'Introduction' in the abstract has been changed into 'Aim'. Also, background information was removed and the purpose of the study was stated using 20 words.
5. A core tip was added.
6. An audiofile was uploaded in the online electronic system.

7. The references were superscripted in square brackets at the end of the sentence and to each reference the doi was added. Also, all references were moved to the end of the sentence. This was done for the whole manuscript, with the exception of page 8 and 10, where the references in the middle of the sentence have a specific goal, namely to show which specific studies we used.
8. Article highlights were added.
9. Figure 1 was replaced by a decomposable figure, whose parts are movable and words can be edited.

Reviewer 1

1. *The use of such terms as 'disappointing' should be deleted.*
We changed the word 'disappointing' into 'remarkable'.

Reviewer 2

Title is apt. Abstract conveys the right impression to the reader. Introduction is satisfactory. Materials and methods are well enlisted and elaborated. Statistical description is very good.

1. Discussion should have contained the different presentations of cystic duct leakages. This would have made the review more interesting to the reader. It would have also added to the clinical application of the review. Minor changes in the wording is advisable to convey a clear message. Conclusion is well described.

References: The referencing is excellent. Reflections: a. The topic is a very important one which every general surgeon has to be aware of. b. The review gives a fair per view of literature. c. The clinical aspects of cystic duct injury should have been discussed. Remedial measures for cystic duct leakages in short would have been of advantage. d. The conclusion unfortunately could not recommend any technique for prevention.

As this is a systematic review on the methods of closing the cystic duct in cholecystectomy to prevent duct leakage, we chose to focus on the several methods of closure. To add different clinical presentations of cystic duct leakage would be outside the purview of this review and we would feel this would only cloud our meaning. Also, clinical presentations of the duct leakages reported in the individual studies were minimally described, so the presentations would result from our own clinical practice and would be unrelated to the patients in this review. Also, on page 12 of the discussion management of leakage of the cystic duct is discussed. If the editors feel the article would benefit from clinical presentations of cystic duct leakage, we can of course always add a paragraph on this subject.

Reviewer 3

Title: A systematic review of cystic duct closure techniques in relation to prevention of bile duct leakage after laparoscopic cholecystectomy (WJGIS - 41340) Authors: van Dijk et al. Study Design: meta-analysis Authors Methodology and main results: The authors evaluated 38 studies with 47,491 patients who underwent cholecystectomy. They compared different cystic duct closure techniques: metallic clip, locking clip, ligature and vessel sealing devices. Differences in cystic duct leaks, bile duct injury, and need for second closure technique were minor and did not achieve statistical significance. The pooled cystic duct leakage rate was 0-1% for each of the techniques. Most articles did not differentiate between patients operated for uncomplicated gallstone disease and patients with complicated gallstone disease (defined as patients with

cholecystitis, biliary pancreatitis, or patients who underwent preoperative ERCP). Authors' conclusions: Though laparoscopic cholecystectomy is a frequently conducted surgical procedure, good quality evidence from high sample size trials is lacking to determine which cystic duct closure technique is superior with respect to prevention of CDL. Future studies should concentrate on closure techniques in patients undergoing surgery for complicated gallbladder disease, whose risk for cystic duct leakage is high. Reviewers Comments: Thank you for allowing me to review this manuscript. Though a "negative" study, this study is very important since it deals with a very common surgical procedure. The article is well written. The objective of this study is important. The authors reference their methods. The results are presented well. The conclusions are in agreement with the results. The limitations are described. The reference list is extensive. The authors convinced me. Any comment I may have is minor and will not improve this manuscript as is.

No changes were made as a result of this review.

Reviewer 4

No comments.