

Point-by-point responses

Name of Journal: World Journal of Gastroenterology

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Thank you for your valuable suggestions.

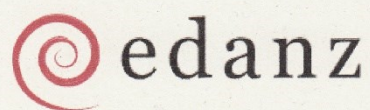
According to reviewers' comments, we revised our initial manuscript.

Please review our revised manuscript.

We prepared **Marked revised manuscript** and **Clear version**. In the marked version, additional mentions are **in Red**, and deleted sentences are shown **in Red with strikethrough**.

Also, this summary of responses (**Point-by-point responses**) was separately made.

English language: Our manuscript was fully checked by English consultant (edanz editing, ordering ID: J1812-123118-Hori). I attached a Certificate with this letter.



Certificate of English Editing

Date of Issue 28 January 2019

About the manuscript:

Title	Comprehensive and innovative techniques for laparoscopic choledocholithotomy: A surgical guide to successfully accomplish this advanced manipulation
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Date of editing	28 January 2019

About the editor:

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Certificate issued by Koji Yamashita
Managing Director and CEO
Edanz Group Japan K.K.

While this certificate confirms the authors have used Edanz's editing services, we cannot guarantee that additional changes have not been made after our edits. It is the author's responsibility to ensure any unclear sentences in the manuscript are clarified for the Edanz editor.

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To Reviewer 02650654

Thank you for your valuable suggestion.

According to your suggestions, we revised our initial manuscript as described below.

1. The discussion is poor and the personal experience scanty.

Thank you for your valuable suggestions.

Personal experience is scanty. At first, according to your suggestion, I deleted the sentence ‘~~Our results regarding blood loss, hospital stay and social reintegration were similar to those of previous reports; only operative time was prolonged with a laparoscopic approach (data not shown).~~’ in the revised manuscript (Page 18 line 21-23, in the Marked revised manuscript).

Operative time prolongs, and cost becomes more expensive. These points are mentioned with not our own data but added new references (Ref# 110 and 111, in the revised manuscript). Next, according to your suggestion, I added the mention as ‘However, in a laparoscopic approach, operative time was prolonged and cost becomes more expensive^[110,111].’ (Page 18 line 23-25, in the Marked revised manuscript).

The sentence ‘Overall, we should never forget that laparoscopic choledocholithotomy with transcystic C-tube drainage is the first choice for biliary stones in the EHBD.’ is added in the revised manuscript (Page 18 line 25-27, in the Marked revised manuscript).

To Reviewer nr. 00070109

Thank you for your valuable suggestions.

According to your suggestions, we revised our initial manuscript as described below.

1. During recent decades, laparoscopic surgery has been well developed, especially in hepatobiliary surgery field. Extrahepatic bile duct stone is common disease, and laparoscopic choledocholithotomy is routine surgery and not so skill-demanded in many centers nowadays. There are little new ideas in this manuscript.

Thank you for your valuable suggestions.

Unfortunately, in our country (Japan), laparoscopic choledocholithotomy is not a routine surgery in spite of a cover of medical insurance, and many physicians condone an ill-considered use of EST for biliary stones. This point is clearly mentioned with added new references (New Ref# 117 and 118), in the revised manuscript.

At first, the sentences based your valuable comments are added as ‘During recent decades, laparoscopic surgery has been well developed, especially in the field of HBP surgery. Biliary stone in the EHBD is a common disease, and laparoscopic choledocholithotomy is a routine surgery and is not so skill-demanded in many centers nowadays.’ (Page 19 line 10-13, in the Marked revised manuscript).

Next, according to your suggestion, the current status in Japan is discussed with added new references (Ref# 117 and 118), as ‘However, especially in Japan, laparoscopic choledocholithotomy is not a routine surgery in spite of a cover of medical insurance^[117,118], and many physicians

condone an ill-considered use of EST for biliary stones^[20]. (Page 19 line 13-16, in the Marked revised manuscript).

Also, according to your suggestion, the sentence ‘Overall, we should never forget that laparoscopic choledocholithotomy with transcystic C-tube drainage is the first choice for biliary stones in the EHBD.’ is clearly added in the revised manuscript (Page 18 line 25-27, in the Marked revised manuscript).

To Reviewer 02540171

1. This article is a good description of the techniques for difficult laparoscopic choledocholithotomy with beautiful language, simple content, detailed surgical procedures and nice pictures.

Thank you for your positive evaluation and warm words.

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