

Answering Reviewers

Name of journal: World Journal of Gastroenterology

Manuscript NO: 47738

Title: Postoperative complications in gastrointestinal surgery: a “hidden” basic quality indicator

We thank the reviewers for their very thorough evaluation of our study and for their comments which have helped us to introduce important improvements in the new version.

In the following, we provide point-to-point answers to the reviewers’ comments. The changes made in response to the recommendations of the Science Editor and the reviewers are marked in red in the new version of the manuscript. The paragraphs we have shortened, in accordance with the request of reviewer 02441021, are highlighted in blue.

Reviewer's code: 02441021

SPECIFIC COMMENTS TO AUTHORS

Nice editorial but needs restructuring as the paragraphs are too lengthy.

Answer:

Thank you for your comment. We have shortened some of the paragraphs (now highlighted in blue).

Reviewer's code: 00253974

SPECIFIC COMMENTS TO AUTHORS

The manuscript entitled "Postoperative complications in gastrointestinal surgery: a "hidden" basic quality indicator" is a highly informative editorial review article about the difficulties in recording postoperative complications. The manuscript is well written and structured. The authors discuss the existing literature in detail. Overall, the manuscript should be accepted, as it highlights a very important health policy issue.

[Thank you for your kind comments.](#)

Reviewer's code: 00043819

SPECIFIC COMMENTS TO AUTHORS

This is a well-written Editorial about an interesting topic

Thank you for your positive assessment.

Reviewer's code: 00504462

SPECIFIC COMMENTS TO AUTHORS

Dear Sir, Even though your manuscript theme is interesting and it simplifies some important points regarding the method to evaluate the success of a surgical procedure, it seems that you are making this analysis too simple. I think that you must mention how was the historical evolution of the methodology for evaluating the post-op complications. As well as you should add a table comparing the different aspects evaluated from your 3 scales. Hope you could return your comments and tables as soon as possible. Thank you very much for considering the Journal, and hope to hear from you soon Sincerely.

Answers:

In response to the reviewer's comments, we have added a summary of the historical evolution of the methodology used in previous reports of postoperative complications, and highlight its deficiencies. In general, descriptions of how complications are defined are lacking, and no external audits of morbidity are conducted. Martin et al [3]'s analysis of the surgical literature covered the period from 1975 to 2001; we have added the following text referring to their study:

"...Until recently, it was difficult to quantify postoperative complications because of the lack of any standardized classifications that allowed their systematic recording and comparison.

Martin et al conducted a study designed to critically evaluate the quality of surgical literature from 1975 to 2001 in the reporting of complications. They included 119 reports recording outcomes in 22530 patients. [3] Among other things, the authors observed that only 34% of the studies defined the term complication, and that the definitions varied widely (in the case of pancreatic fistula, for instance, they noted up to 12 definitions); only 20% used the degree of severity, and only 67% of the studies indicated the duration of the follow-up. Therefore, the evolution of the methodology for evaluating postoperative morbidity has been heterogeneous, and inconsistent reporting of complications has been a common feature in the surgical literature.

Despite the presence of the tools that we will outline below, in general the descriptions of the methodology used in the diagnosis, recording, and monitoring of complications are unsatisfactory: there is a systematic absence of an external and impartial audit, and so the results lack reliability.

In 2004, ~~however~~, Dindo et al.^[4] published the classification of complications definitely known as the Classification of Clavien Dindo (CDC)^[5], which reached a wide audience. Currently, the article has 10635 citations^[6]...

We have added the following table which compares the different aspects evaluated by the three scales and summarizes the CDC, CCI, and CSS scoring systems. This table was also requested by reviewer 00722239.

Table 1. Comparison of the characteristics of the Clavien Dindo Classification, the Comprehensive Complication Index and the Complication Severity Score.

	Clavien Dindo Classification	Comprehensive Complication Index	Complication Severity Score
Year of publication	2004	2013	2018
Criteria used	Opinions of 144 surgeons	Opinions of 227 patients and 245 physicians (surgeons, anesthetists and intensivists)	Opinions of 49 gastrointestinal and hepato-pancreatico-biliary surgeons in India
Scale and calculation	Classifies the complications in 5 grades. The therapy used to correct a specific complication remains the cornerstone to rank a complication.	All the complications must be classified according to the CDC, and the score is then calculated with the formula or on-line.	All the complications must be classified according to the CDC, and the score is then calculated with the formula.
Value	Considers only the most severe complication: 0-V	Considers all the complications: 0-100. Higher numerical value than the CSS.	Considers all the complications: 0-100. Lower numerical value than the CCI

Validation with clinical results	Yes	Yes	Yes (PhD thesis)
Bibliographical citings	10635	224	2
Management	More straightforward	More complex in patients with multiple complications	More complex in patients with multiple complications
Does it adequately represent the postoperative course of patients with ≥ 2 complications?	No	Yes	Yes
Does it all comparison of the results?	No, if there are ≥ 2 complications	Yes	Yes

CDC: Clavien Dindo Classification

Reviewer's code: 00722239

SPECIFIC COMMENTS TO AUTHORS

This is an excellent editorial review focusing on postoperative complications in gastrointestinal surgery. As authors noted, quantified postoperative complications are rarely published because the better the recording system, the worse the results. I can quite agree the importance of recording of the complications deriving from all surgical procedures. My only request is that please add the summarized tables of scoring systems (CDC, CCI, and CSS) to help the understanding of the readers.

Answer:

Thank you for your positive comments. We have added the table that you (and reviewer 00504462) requested (Table 1).