Response to reviewers

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: An interesting narrative review and well constructed. I applaud the review on safety in laparoscopic surgery I only suggest minor revisions especially enlarging the Discussion section mentioning the possibility of laparoscopy not only in elective surgery setting but also in emergency laparoscopy setting and in trauma (evaluating safety and efficacy) and clarifying the indications and patients selection for Diagnostic and eventually therapeutic laparoscopy in the management of abdominal trauma.

Response: Thank you. We have added a comment on this in procedure selection and conclusion too.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Comments The author expounds on the safety considerations of laparoscopic surgery before, during, and after operation. The content is comprehensive and detailed, which has a certain guiding significance for clinical practice. After careful revision, I agreed to publish it.

Response: Thank you.

Minor revision: 1. The Keywords are inaccurate or cannot reflect the focus of the manuscript. It is suggested to delete "General surgery" and add "Laparoscopic surgery" and keywords related to "safety considerations".

Response: Thank you. Keywords amended accordingly.

2. In the section "Laparoscopy setup", it is recommended to add the relationship between surgeon ergonomics and patient surgical safety.

Response: Thank you. Amended accordingly.

3. The author does not describe "antibiotic prophylaxis and patient allergies" in the article, which is not consistent with the conclusion.

Response: Thank you. These are important considerations and we have added them to the article.

4. The part of "Conclusion" should be simplified. For example, "Women in the childbearing age group should be offered a routine urine pregnancy check at preassessment, and surgeons should also have an advanced discussion with patients and family on the options available when faced with hostile or unexpected intraabdominal situations." should be moved to the "Patient selection" section.

Response: Thank you. We have now significantly simplified the conclusions section as asked and also moved the sections on pregnancy and preoperative discussion to "patient selection" section.

5. There are some syntactic ambiguities: i) "This was not helped by adverse events seen with laparoscopic surgery such as visceral injuries and complications from pneumoperitoneum[7,8].", the meaning of this sentence is ambiguous in the context. ii) "Where feasible, we suggest endoscopic procedures relevant to surgery and tattooing to facilitate intraoperative identification of pathology [21,22]. Though not routine, some patients may benefit from mechanical bowel preparation to facilitate intraoperative localisation of pathology[23].", the meaning of this sentence is ambiguous in the context. iii) "Laparoscopic surgery can be physically and mentally demanding and could easily lead to fatigue, which could result in errors[93,94].", it is suggested to add "for surgeon".

Response: Thank you. The whole manuscript has now been rewritten to improve the quality of the language.

6. There are some spelling mistakes: i) In the article "[96", no superscript is used. ii) In the section of "Patient's Routine Medications", "[14]" No superscript is used. iii) "Limitations of tachycardia as an early warning sign in patients who are on Beta-blockers should be understood", it is recommended to add a reference or some references .

Response: Thank you. We have carefully spell-checked the entire document again, provided references as asked, and also superscripted the references throughout the manuscript.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: It has been a nice study that defines what people who will undergo laparoscopic surgery should do. The language of the article is very good (A). The algorithmic presentation of the subject is very well planned. I had a few suggestions for the article. My suggestions can be seen in the text. References are current and sufficient (117? Rules?). It can be accepted with minor revision.

Thank you. We have amended the manuscript as per your comments in the text.

Reviewer #4:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Dear Authors, congratulations on this narrative review on safety considerations in laparoscopic surgery. I have read it with great interest. I believe your manuscript is perfectly clear in the way it is written and structured and it suits surgeons who are starting laparoscopy or who want to have a clear comprehensive overview of it. However, I believe it needs some minor corrections, as annotated in the uploaded file, to be perfect. I would also introduce a paragraph regarding the general use of indocyanine green (ICG) during laparoscopic surgery. This has great use in laparoscopic surgery where the eyes become the surgeon's main hands because of the absence of haptic feedback. I would add it especially because it can be effective as a safety procedure for several surgeries (HPB, colorectal, visceral). Because of the high quality of this review, I would also add a comment on new surgical equipment which are for example the articulated laparoscopic instruments of ArtiSential. This technology was developed to introduce robotic-like instruments in laparoscopy. I believe this can have a strong future development in teams that don't have the availability of a robotic platform. There is some literature on this new technology that can be added if you believe it could add value to your review. Please read the comments aside from your manuscript in the uploaded revised paper as it could better help to revise it. Congratulations on your manuscript.

Response: Thank you. We have included these excellent suggestions and amended the manuscript accordingly.

Reviewer #5:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The authors reviewed all steps to practice safe laparoscopy surgery. The review is well written. So, I would suggest it is published in WJSE.

Response: Thank you very much.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY NON-NATIVE SPEAKERS OF ENGLISH AUTHORS

As there are many changes in the content of the manuscript during the revision process, there will be still some language problems in the revised manuscript, and it still requires further language polishing to fix grammatical and other errors to meet the publication requirement (Grade A). **Now, the authors are requested to send the revised manuscript to a professional English language editing company or a native English speaking expert to polish the manuscript further. When the authors submit the polished manuscript to us, the authors must provide a new language certificate along with the manuscript.** Once the authors finish this, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

Response: Thank you very much. The whole manuscript has been extensively reviewed line by line by the senior author (KM) who is almost a native English speaker now, has written nearly 175 peer-reviewed articles in the language, and has also written two non-fiction literary books in English singlehandedly (one published by Harper Collins). Authors would, therefore, respectfully request for a waiver of the requirement for a "language certificate".

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples: Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) ***Science editor:*** 1 Scientific quality: The manuscript describes a review of the safety consideration in laparoscopic surgery. The topic is within the scope of the WJGE. (1) Classification: Grade A, two Grades B, and two Grades C; (2) Summary of the Peer-Review Report: The manuscript is perfectly clear in the way it is written and structured and it suits surgeons who are starting laparoscopy or who want to have a clear comprehensive overview of it. The questions raised by the reviewers should be answered; (3) Format: There are no tables and no figures; (4) References: A total of 118 references are cited, including 28 references published in the last 3 years; (5) Self-cited references: There are 2 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Four Grades A and Grade B. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJGE. 5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions; and (2) Please add table/figure to this review. 6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

Response: Thank you. We have now provided an Author Contribution section. We have also provided a table as asked.

(2) ***Company editor-in-chief:*** I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Endoscopy, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a table/figure (medical imaging) to the manuscript. There are no restrictions on the figures (color, B/W).

Response: Thank you. We have included a table to summarise the main points as also asked by the section editor.