

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66302

Title: Ureteroscopic Holmium Laser to Transect the Greater Omentum to Remove an

Abdominal Drain: Four case reports

Reviewer's code: 03816788 Position: Peer Reviewer

Academic degree: FACS, FICS, MBBS, MS

Professional title: Associate Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-03-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-03-29 15:34

Reviewer performed review: 2021-03-29 16:47

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

Although authors attempt to use a novel method for drain removal, the manuscript lacks a consistent flow and has many repeat or similar context statements. Prolonged drainage and negative pressure drainage are risk factor for omentum plugging in the drain holes. A major revision is needed. 1. "a new 16-F drain was replaced into the abdominal or pelvic cavity" What was the need for this, why put a drain back? If it was to put back, why remove it in first place, Explain. 2. "All patients got out of bed to move and exhausted within 12 hours." Why they were exhausted? 3. "knottiest reasons" 4. "Based on our past experience of cutting suture between the drain and tissue with a holmium laser" Why LASER is needed to cut suture? Check and rephrase. 5.

Ideally greater omentum should not block pelvic drains. 6. "drain indwelling time ranged from 13-63 days". Such prolonged drain indwelling time itself is a risk factor adhesions with surrounding tissues or omentum. 7. "drainage tube passes through the abdominal cavity rigidly" How rigidity can be determined? 8. "Liu HM et al. A new clinical strategy for the treatment of difficulty in removing abdominal drainage tube" "Yang Xiaofei, MD, PhD, chief physician, Department of General Surgery, Guizhou Provincial People's Hospital" Remove all names from the manuscript. Keep in authors or acknowledgements. 9. "high-pressure negative drainage" It is another risk factor, 10. where negative pressure will pull the omentum into the drain.

"MULTIDISCIPLINARY EXPERT CONSULTATION" This section contains the repeat statements of the manuscript, should be removed. 11. "We failed with non-surgical methods such as continuous traction, perfusing normal saline or paraffin oil into the drainage tube with strong pressure" Such and similar statements are repeated throughout the manuscript, use it judiciously. 12. Conclusion is a repeat of the text. It should be clear, concise and crisp to give "take home message"



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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66302

Title: Ureteroscopic Holmium Laser to Transect the Greater Omentum to Remove an

Abdominal Drain: Four case reports

Reviewer's code: 03816788 Position: Peer Reviewer

Academic degree: FACS, FICS, MBBS, MS

Professional title: Associate Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2021-03-29

Reviewer chosen by: Man Liu

Reviewer accepted review: 2021-05-21 17:33

Reviewer performed review: 2021-05-22 06:43

Review time: 13 Hours

Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good] Grade D: Fair [] Grade E: Do not publish
[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
] Accept (High priority) [Y] Accept (General priority)] Minor revision [] Major revision [] Rejection
Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No
[



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1. "the Greater Omentum to Remove an Abdominal Drain: Four case reports" Title can be better as "the Greater Omentum to Remove Abdominal Drain: Our experience of four cases" 2. Case presentation to done in accordance with Journal guidelines rather multiple sub-titles. 3. "(3) Avoid putting the drain in the abdominal cavity and being surrounded by omentum and intestines" This statement needs to be removed as drain in abdominal surgery is almost ubiquitous.