

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Methodology*

**Manuscript NO:** 75466

**Title:** Laparoscopic bilateral inguinal hernia repair. Should it be the preferred technique?

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04168674

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Assistant Professor, Director

**Reviewer's Country/Territory:** United States

**Author's Country/Territory:** Greece

**Manuscript submission date:** 2022-01-29

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-07 16:47

**Reviewer performed review:** 2022-02-10 18:53

**Review time:** 3 Days and 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

## SPECIFIC COMMENTS TO AUTHORS

The manuscript titled “Laparoscopic or open bilateral inguinal hernia repair? Which should be the preferred technique?” is an interesting analysis of the available literature on bilateral laparoscopic versus open inguinal hernia repairs. To be considered for publication, I suggest that the authors address the following areas:

**Title** The title is somewhat misleading in that one might expect an answer between Laparoscopic versus open repair in the conclusion. Consider rephrasing.

**Abstract** They state “A diverse variety of techniques have been used to repair inguinal hernias”, the focus of the paper is only open versus laparoscopic – the sentence does not lend itself to the story. You state as “laparoscopy became more advanced”, but laparoscopy has been a procedure for the last 60+ years - what specific advancement has led to it becoming an advantageous alternative to open repair? Is the purpose of the study to evaluate the use of laparoscopic techniques for bilateral repairs or compare the effectiveness/outcomes of laparoscopic v.s. open repairs? The title of the paper suggests the latter.

**Introduction** The hypothesis/aim of the study should be stated at some point in the introduction. The introduction concludes with a list of surgical options but does not get back to the overall point of the study. You state mesh repair open or laparoscopic is the first surgical option, which is more frequently used? It is stated that laparoscopic techniques have an extended learning curve, what is being referred to here? The “EHS state that laparoscopic repair of bilateral hernias is associated with better shorter-term results”. Change shorter to short. Also, this statement is somewhat confusing because it leads me to think that long term open repair has better results than laparoscopic. Please consider rephrasing or clarifying this point.

**Methodology** Repeated from above - Is the purpose of the study to evaluate the use of laparoscopic techniques for bilateral repairs or



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compare the effectiveness/outcomes of laparoscopic v.s. open repairs? No other comments

**Laparoscopic Hernia Repair** In the first sentence, you state there has been a debate about the use of laparoscopic techniques, what debate? About the cost effectiveness, the surgical technique/effectiveness, the difficulty? You state the main factors used to compare the two approaches: immediate post op pain, pain following recovery and quality of life. I recommend adding this to the methods sections these factors and search criterion etc. "As a surgeon needs to perform 50 to 100 repairs to master the technique" consider moving to the introduction and removing from this section.

**Laparoscopic Repair Techniques** The sentence beginning with "So far", please provide references. You state TEPP is associated with greater incidence of seroma formation, it would be good to compare this to open repair as well. E.g. does open repair have even higher rates of seroma compared to TEPP? I also recommend an additional sentence comparing the overall complications of TEPP/TAPP to open repair as well. Under the "Is there sufficient evidence section" you describe a list of advancements in techniques over recent years. Consider moving that section here and then you can refer back to it in the future section.

**Do Short-term results indicate laparo-endoscopic repair of bilateral inguinal hernias as a better option?** "Despite a higher cost" sentence please indicate less post-operative pain immediately following the procedure. The "time to recovery" sentence - consider moving to the introduction or Laparoscopic repair sections as it provides good background information. You state Ielpo et al. results supported prior RCTs but never actually state which specific results are supported. Is it cost, pain days of hospitalization? Missing a P in TEPP in last sentence. References 11-14 also support the point in the final sentence. Is there sufficient evidence of long term superiority of the method? You state there are two studies, you describe the results of Ielpo et al but never mention this second study. A sentence stating "chronic groin pain, quality of life and recurrence rates are the common factors used to evaluate long term



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superiority” would be useful at the start of this section. The last paragraph is confusing and contradicts itself. “Available date shows cases of recurrence following laparoscopic repair” followed by “recurrence rates are similar” followed by “In 5 studies, there were more cases of recurrence in laparoscopic group”. Please rephrase this. “A few cases of recurrence following laparoscopic repair were recorded” - important to distinguish why recurrence? Was it a failed repair? A new unrelated hernia? The Hynes et al study is the only one with a significant difference in recurrence rates, however, it also from 2006. You’ve stated that there have been significant advancements specifically in the last 10 years, it could be worth mentioning that the techniques used in 2006 could have a role in this. Is laparoscopy worth the cost? Are any consumables absolutely required for surgery or does this come down to surgeon preference? Is there sufficient evidence? See above about considering moving the advancements in technique sections. Which technique should a surgeon use? The second sentence, clarify that they outperform in terms of post-operative pain in the short term. Consider adding a sentence that future studies controlling for technique, instruments and consumables used will be needed to truly set a “gold standard”. Overall: Laparoscopic and laparo-endoscopic are used interchangeably, consider choosing just one. Recommend overall grammar recheck Change the use of numbers where applicable, for example “one of the 2 published RCTs” can be changed to “one of the two published RCTs”. Tables No comments on content Consider re-formatting without underlining the column titles.

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

Most study had small numbers of patients and only 1 had 2800 which claimed "it wasn't inferior. Is this sufficient evidence to deem Laparoscopy superior to open method? Since the initial studies were from late '90's and 2000's with minimal in last 15 years are you stating this is sufficient evidence for Laparoscopic method as "gold standard"? You claim that uniformity in future studies is an issue that needs addressed to achieve significant results, has this concern been considered or addressed in current trials?