

Dear Reviewer,

Thank you for your valuable feedback and constructive suggestions on our paper titled "Comparison of modified gunsight suture technique and traditional interrupted suture in enterostomy closure" We appreciate the time and effort you have dedicated to reviewing our work. In response to your comments, we have made several revisions to address the concerns raised.

Comment: The paper has issues with outdated references, insufficient description of surgical sections, and lack of annotations.

Response: We have made the following improvements:

1. We have revised the citations and included a statement from the Ethics Committee of Qilu Hospital in the Materials and Methods section.
2. A significance level of $P < 0.05$ has been adopted as the threshold for clinical significance.
3. Abbreviations and specialized terminology have been defined and explained throughout the article.
4. Each figure has been appropriately numbered and accompanied by a clear explanation.

Comment: A more detailed description of the surgical technique and an improved paragraph on the limitations of the study would be both appreciated.

Response: We have provided a more detailed description of the surgical process and added limitations to the footnote section of the article

Comment:the description of important parts such as patient selection, surgical procedures, and explanations of figures is insufficient.

Response: We have made the following explanations or modifications:

1. This study is a retrospective case-control study, and the choice of closure method for preventive ileostomy in patients was not artificially or randomly selected. Instead, it is a historical control study that compares clinical data from 135 patients

who underwent gunsight suture after its introduction with clinical data from 135 patients who underwent simple intermittent sutures before.

2. Due to the long time span and significant differences, this study did not involve follow-up or record long-term post-operative results, thus unaffected by patient loss to follow-up or death.

3. The patients in this study underwent preventive ileostomy due to mid-low rectal tumors to prevent anastomotic leakage. During the surgery, linear cutting closure devices were used for the proximal and distal sides of the ileum to restore intestinal continuity. The previous description incorrectly stated that an anastomosis at the ileocecal junction was used.

4. The improved gunsight suture technique involves the use of subcutaneous drainage tubes instead of the original method, which involved larger central gap drainage. This modification effectively reduces the frequency of dressing changes and provides more thorough drainage of subcutaneous fluid, thereby reducing the infection rate.

5. All patients underwent preventive ileostomy as their initial surgery.

6. Brief explanations of VCP603 and systemic immune inflammation index (SII) have been provided in the text.

7. Units and abbreviations in the table have been added either in the table header or at the end.

8. The above modifications and explanations have already been made in the original text.

Once again, we sincerely appreciate your thorough review and helpful feedback. We believe that the revisions made have significantly improved the quality and clarity of our paper. We hope that our responses adequately address your concerns. Please do not hesitate to contact us if you require any further information or have additional suggestions.

Thank you for your time and consideration.

Sincerely,

Chenchang