

Format for ANSWERING REVIEWERS

December, 15, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13793-review). Manuscript number 13793.

Title: The results of the open surgery after endoscopic basket impaction during ERCP procedure

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Editorial corrections:

1. The sections related with ethics approval, informed consent, conflict of interest, data sharing and open access were added to the first page of the manuscript.
2. A structured abstract was added to the text.
3. In materials and methods section we couldn't add a biostatistic section because our study is not a comparative prospective study and we didn't perform statistical comparison i.e. comparison of any groups. In this study we have just presented the result of a single group. So we couldn't do that revision.
4. A structured comment section was added to the end of the manuscript before references.
5. PMID and DOI numbers were added to the references, however the DOI numbers of 6 (out of 19) references couldn't be found.
6. Contributions were added to the first page.

Corrections of reviewers:

The manuscript has been revised according to the suggestions of reviewers:

I. The reviewer (227380) stated that; "**Needs proper grammar and linguistic corrections to make it easier to read. For example, efforts in page 6 should be efforts.**"

The article was fully checked and corrected in terms of grammar and linguistic errors. The following corrections were made; *lithotripsy, approach, laboratory, fentanyl, cefazolin, longitudinal, incisions, currently, efforts, multiple, catch, separate, healthy.*

II. The reviewer (293610) stated that; "

1. Endoscopic basket impaction is a rare and unusual complication, and endoscopic or surgical procedures could be used for the basket impaction. In author's center, basket impaction happened in six patients out of 2092 ERCP procedures and all these six patients received open surgery. The authors demonstrated that skilled experience and sophisticated endoscopic devices were not widely available in many endoscopy centers, which limited the use of endoscopic procedures in endoscopic basket impaction. And what others reasons for patients with endoscopic basket impaction receiving open surgery based on the author's experiences?

According to our experience the most important reason converting to open choledochotomy is of course absence of limited endoscopic devices and experience. However even though endoscopic experience and devices are available, prolonged procedures (sometimes lasting more than open surgery) cause the papilla more destructed and inflamed and patients usually go into pancreatitis. Combining the damaging effects of superficial sedoanalgesia these all deteriorate the patient reserve functions. So we prefer to convert open surgery once the basket was tried to release for an acceptable time and assuming that it would be impossible to take it out. If we review the literature reporting the results of endoscopic procedures, the rate of success is not so high despite prolonged period of time. So we preferentially recommend the open surgery following an acceptable time of endoscopic trial.

2. The reason that open surgery not laparoscopic surgery was selected after endoscopic basket impaction during ERCP procedure should be discussed.

We perform laparoscopic surgery for choledochotomy in selected patients (only two cases). However following a failed ERCP procedure intense gas distension occurring during the endoscopic procedure makes the laparoscopic approach difficult due to decreased visual field. So we choose the open surgery in order to prevent the lengthening the operation.

3. In the section of Abstract, "In the present study, we reported the results of six patients with endoscopic basket impaction that have been treated with open surgery. To our best knowledge the present report is the largest series so far" should be deleted, and demonstrated in the part of Introduction.

The recommended change was made into Introduction section.

4. There are some new reports about endoscopic basket impaction during ERCP procedure, which were published in 2013 and 2014. Please add the related discussion in the paper.

The recent reports published in 2013 and 2014 were added to article as references 13,18,19.

5. On page 3, line 8, "the blank" before "The success rates depend on several factors..." should be deleted.

The required change was made.

6. On page 5, line 17, "in Table 1,2" should be "in Table 1 and 2".7. On page 6, line 29, "20mm" should be "20 mm".8. "0.56 %" should be "0.56%". The full text should be consistent.

The required changes were made.

III. The reviewer (2941694) stated that; **" Thank you for your submission. But I don't know the point to learn a lesson."**

According to us the most important message of the present study is that open surgery can be a preferable alternative approach to endoscopic approach since sustained endoscopic procedures may deteriorate the condition of the patient due to pancreatitis, gas distention and problems related with prolonged sedoanalgesia. Additionally the sophisticated endoscopic devices are not widely and required experience is lacking in many of the endoscopy centres dealing with ERCP.

All the changes were highlighted in the revised version of manuscript.

Thank you again for evaluating our manuscript in the *World Journal of Gastrointestinal Surgery*.

Sincerely yours,

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