

## Format for ANSWERING REVIEWERS



February 2, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15888-review.doc).

**Title:** Tripartite comparison of single-incision and conventional laparoscopy in cholecystectomy: A multicenter trial

**Author:** Guo-Lin He,Ze-Sheng Jiang,Yuan Cheng, Qing-Bo Lai, Chen-Jie Zhou,Hai-Yan Liu,Yi Gao, Ming-Xin Pan ,Zhi-Xiang Jian

**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 15888

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

reviewer No.2486710

- (1) The three surgeons, each of them had conducted >1000 cholecystectomies, including  $\geq 100$  single-incision laparoscopic cholecystectomies.
- (2) Seven patients in each group reported previous abdominal surgery. In the three-device group, three patients had undergone appendectomy; four patients reported having undergone laparoscopic groin hernia repair in the X-Cone group.
- (3) Yes,I have the detail cost data,for example,the X-Cone group hospitalization costs 12000RMB, including the operative cost 1500RMB,anesthesia cost 2000RMB, nursing cost 500RMB ,medications cost 4000RMB, inspection cost 2000RMB, materials cost 1500RMB and the other cost 500RMB;the three-device group hospitalization costs 11000RMB,the only different thing is materials cost 500RMB.The X-Cone group hospitalization costs more expensive than the three-device group hospitalization costs.
- (4) The inclusion criteria were: patients with gallstones or gallbladder polyps; age 18-85 years; either sex; and body mass index (BMI)  $< 35$  kg/m<sup>2</sup>. Actually, we expand the scope of indications gradually,for example,some acute cholecystitis cases,we also do the SILS.
- (5) The operative equipment between the three-device group and the conventional group is absolutely the same.However,the X-Cone group used the special equipment:the X-Cone device (Karl Storz, Tuttlingen, Germany).

Prior to skin incision , a single shot of antibiotics (2 g cefotiam) was administered, i.v. And some glucose and saline also be used after the surgery.

Discharge criteria is no postoperative pain or excessive pain, nausea or vomiting; oral feeding could be tolerated, and audible bowel sounds had returned;no distention abdomen;normal laboratory tests and well healed incision.

The use of more trocars were counted as conversion to conventional laparoscopy in cholecystectomy. Conversion to laparotomy was set for any procedure with the indistinction of common bile duct.

- (6) Drawback of the study: First, patients with acute cholecystitis were excluded, and this explains the low laparotomy conversion and low complication rates. Second, although all three surgeons had conducted >100 operations for gallbladder SILS, the X-Cone procedure was associated with inconvenient operation across multiple ports and conflicting handling of instruments such as curved apparatus and solid textures, which might have extended the operation time.
- (7) Yes,there is no doubt that single port surgery has cosmetic advantages over conventional laparoscopic technique.

reviewer No.183658

- (1) Experienced physicians are the surgeons.In our hospital, resident doctor can also do it well.
- (2) All surgery was performed by three surgeons,they used different method randomly.
- (3) Actually,it could apply in the community hospitals,but the surgeons who in the community hospital had bad laparoscopic technique,so we want to popularize this new technique to them.And it doesn't need more special equipment except the X-Cone device.
- (4) The X-Cone method need the special equipment:the X-Cone device,but the three-device method doesn't need more special equipment,and we record the learning curve,it is about 20 cases,you can do it well.
- (5) SILS techniques have advantages in pain and cosmetic factors. The three-device method has cost-effective nature,it's disadvantages is need more training; the X-Cone method is more advantageous in more complicated procedures such as laparoscopic liver resection,but it is more expensive ,more conflicting handling of instruments and operation time.And this is illustrate in several paragraphs of the discussion part.
- (6) I added the type and dose of analgesic drugs used during and postoperative period in the text.
- (7) I added the limitations in the text: First, patients with acute cholecystitis were excluded, and this explains the low laparotomy conversion and low complication rates. Second, although all three surgeons had conducted >100 operations for gallbladder SILS, the X-Cone procedure was associated with inconvenient operation across multiple ports and conflicting handling of instruments such as curved apparatus and solid textures, which might have extended the operation time. Both of these limitations are routinely seen when a new technique is evaluated. Also, long-term complications were not addressed by this study. The frequency of events still needs to be evaluated by long-term trials.
- (8) There were differences between the single-incision methods and the conventional method in the pain score on day 1 after surgery. As the pain scores declined on days 2 and 7, as well as 1 month

after surgery, the differences became insignificant. The pain scores were not clinically significant among the three groups because of pain tolerance and the use of analgesic.

(9) There was no difference in the hospitalization costs between the three-device and conventional methods, and the three-device method has advantages in pain and cosmetic factors, so the three-device method has a more cost-effective.

(10) We want to popularize this new technique to every hospital include community hospitals and university hospitals. We can make it another golden standard in laparoscopy cholecystectomy.

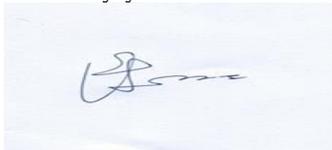
reviewer No.919239

Thank you for your appreciation!

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely yours,

A rectangular box containing a handwritten signature in blue ink. The signature is stylized and appears to read 'Ming-Xin Pan'.

Ming-Xin Pan, MD, PhD  
Department of Hepatobiliary Surgery  
Zhujiang Hospital, Southern Medical University  
Guangzhou 510282, China  
Fax: +86-20-61643207  
E-mail: pmxyizjy@126.com