

## Format for ANSWERING REVIEWERS

August 25, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

**Title:** The '*push back*' technique: a simple method to remove broken drill bit from the proximal femur.

**Author:** Devendra K Chouhan, Siddhartha Sharma

**Name of Journal:** *World Journal of Orthopedics*

**ESPS Manuscript NO:** 17904

All suggestions by reviewer number 467045 have been incorporated into the manuscript as advised.

### **Reviewer No. 00467045**

This Case Report paper presents an alternative technique for removing broken drill bits from the proximal (or distal) femur. The paper has been reviewed previously by three reviewers, and this is the second revision. The authors have made all changes suggested by the reviewers, in particular, with regards to the two main limitations of the technique: if the broken drill bit is too short, the technique may not work and the retractor may be difficult to insert if too large. Hence, I recommend this paper be published by the WJO.

I have a few minor comments:

1. On p 3, Technique, line 1: Insert the word 'both' after '2 cm' i.e. both proximally and distally. On line 8 of this section, change 'in introduction of' to 'introducing' i.e. 'if the surgeon has difficulty introducing the...' or alternatively, 'if the surgeon has difficulty inserting the...'

**Response:** suggested corrections have been done as advised by the reviewer.

The word 'both' has been inserted after '2 cm'.

The phrase 'in introduction of' has been changed to 'introducing'.

2. On p 4, Clinical Example, lines 2-3: I think the authors mean 'The drill bit broke while statically locking the screw hole.

**Response:** The suggested correction has been made.

3. On p 4, Discussion, lines 4-6: This would be better as one sentence i.e. '...difficult to perform in the proximal femur as the large bulk of the adductor compartment...'

**Response:** The suggested correction has been made.

4. Figure 1. In the caption, could the authors also mention the size of the retractor (a larger one of 10 mm by 30 mm) shown in the image? I think this is important as a narrow retractor is recommended, as they have stated, but the one shown in the image is large.

**Response:** The size of retractor has been mentioned in the caption of figure 1.

Figure 1: A Langenbeck retractor is inserted with its blade tip facing proximally and advanced well beyond the medial cortex of femur (in this example a 15 x 45 mm retractor is shown, in clinical practice a 10 x 30 mm or smaller retractor is preferable).

**Please note that all changes made in the manuscript have been marked in blue text.**

**Reviewer No. 00505420**

There were no reviewer comments.

Sincerely yours,

Siddhartha Sharma, MS, DNB, Dip SICOT

Dept of Orthopedics

PGIMER, Chandigarh

India

E-mail: [sids82@gmail.com](mailto:sids82@gmail.com)