

ANSWERING REVIEWERS



Sep 11, 2015

Dear Editor,

Please find the revised manuscript enclosed.

Title: Single-incision laparoscopic surgery for biliary tract disease

Author: Shu-Hung Chuang, Chih-Sheng Lin

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 18811

The manuscript has been improved based on recommendations made by the reviewers. We sincerely thank the reviewers for their comments.

1. The format has been updated.
2. Revisions have been made based on the reviewers' recommendations.

Reviewer 1:

This manuscript by Chuang SH *et al.* presented a current comprehensive review of single-incision laparoscopic surgery (SILS) for biliary tract disease comparing with multi-ports surgery by focusing on clinically important factors, including technique, instruments, cosmesis, conversion, complication, and so on. The author himself has outstanding experiences and expertise of SILS. Therefore this review article is carrying a strong conviction as an expert opinion and can attract the reader.

Minor Concerns:

- (1) Authors mentioned that big fascia incision in SILC induces more inflammatory host response, which could cause a more pain than that of MILC. Detailed information regarding the specific data from referenced articles, such as an increase of oxidative stress or inflammatory markers, are recommend to be incorporated.

Response: This information has been added (*on page 7, lines 12-25 of the revised manuscript*).

- (2) In contrast to SILC, available information on SILCBDE is limited due to the small number of studies. Authors mentioned the point sufficiently in the manuscript. Additionally, the actual recruited number of patients in each study is recommended to present, which would clarify the strength of the results and conclusions.

Response: The actual number of patients recruited for each study is now presented (*on page 17, line 8-10; page 18, line 12-14; and page 19, line 21-23 of the revised manuscript*).

- (3) In the Abstract, the authors mentioned regarding spreading alternative procedures of CBDE, such as EST and stent. However, the current circumstance is not described in the main body of the manuscript. The abstract should be a summary and not depart from the main body.

Response: The sections on ERCP, EST, and stent have been removed from the abstract, and the text

has been revised (*on page 3, lines 10-16 of the revised manuscript*).

Reviewer 2:

Well written manuscript, but it seems too big for publication in a Medical journal. Looks more like a book chapter.

Response: The paper provides detailed information on SILC, SILCBDE, and SILH in terms of operative techniques, training methods and learning curves, safety and efficacy levels, recovery patterns, and costs based on the most recent literature. Accordingly, a longer article is warranted.

3. The references and typesetting have been corrected.

4. Table 1 has been added to the manuscript.

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

Sincerely yours,

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