

## ANSWERING REVIEWERS

Dear Editor,

Attached please find the manuscript entitled “Umbilical Hernia in Patients with Liver Cirrhosis: A Surgical Challenge”, which was revised according to the Reviewers’ suggestions. The following modifications were made:

### **Reviewer # 159278**

1. The following sentences with recommendations were added before the conclusion: “In summary, most studies have demonstrated that patients with liver cirrhosis and ascites should have umbilical hernia repaired electively after ascites control. When hernia complications occur, such as infection, incarceration, strangulation, and rupture, umbilical herniorrhaphy should be performed urgently. Ascites control is critical to reduce hernia recurrence and postoperative complications. For patients scheduled for liver transplantation, umbilical hernia should be repaired during transplantation.”

### **Reviewer # 3538934**

1. The following sentence “With improvement in the care of cirrhotic patients in the last decades, surgical treatment became superior to conservative management of umbilical hernia in these patients.” was deleted from the abstract.
2. In the 9<sup>th</sup> paragraph of “Indications and Timing of Hernia Repair, “albumin infusion” was deleted.
3. In the 10<sup>th</sup> and 11<sup>th</sup> paragraph of the “indications and Timing of Hernia Repair, the following sentence was added “However, peritoneal catheters are associated with a high risk of bacterial infections, which significantly increase mortality and should be discouraged<sup>[33]</sup>. Reference 33 was added (Kathpalia P et al. *Intern Med J* 2015; 45: 1026-1031).
4. The following sentences were added at the end of the conclusion: “This review has major limitations due to lack of high-quality randomized studies. Most publications on umbilical hernia management in cirrhotic patients are case series or retrospective cohort studies with small number of patients. Definitive answers await large-scale prospective randomized controlled studies.”
5. “Peroperative” was changed to “perioperative” in the conclusion.

### **Reviewer # 3031086**

1. Our experience with umbilical hernia repair in cirrhotic patients was published as a book chapter in Brazil. It was a case series of a small number of patients who were subjected to different types of treatment (emergency and elective operations; hernia repair with and without mesh). Since our patient series was retrospective, we think the addition of our personal experience with heterogeneous treatments would not improve the quality of this review.

Thank you very much for the reviewers’ suggestions that have contributed to improve significantly our manuscript.

Sincerely,

Julio Coelho, MD, PhD  
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Liver Transplantation, Federal University of Parana