

## **COMMENTS TO AUTHORS: REVIEWER 25065**

The narrative review of the studies on UC surgery. The topic is important as the number of IBD patients is growing and the number of patients requiring colectomies is increasing. Therefore the topic is important. The authors only analyze the RP-IPAA operations. It remains unknown why the data about the colectomies with ileorectal anastomosis are not analyzed? According to the review there are small number of studies and just a few with acceptable methodologies. Therefore, the conclusion of the review is uncertain and there is an urgent need for well designed controlled studies in this area. If it is possible, I would kindly suggest to make the conclusions a bit more exact. As there are no data supporting any of methods or techniques it may be advocated to emphasize, that the choice of type of surgery could be based upon the experience and skills of the performing surgeons in the hospital as well as upon the every individual case. It would be solid if the authors could still make some meta-analysis and could make some recommendations what "must be done" or "must not be done" during the choice of operations and during the operation

**In the Introduction we stated that the review focused on RP-IPAA. This strategy is due to the fact that the controversies on this topic are many, as the review shows and we thought more appropriate to limit the analysis to RP-IPAA to avoid confusion.**

**We improved the Conclusion adding some useful recommendations for the readers.**

## **COMMENTS TO AUTHORS: REVIEWER 00057600**

no comments

## **COMMENTS TO AUTHORS: REVIEWER 02841861**

This manuscript is a review of the surgery for ulcerative colitis, the authors given a title of "controversies in surgery for ulcerative colitis: a review", however, the conclusion shows there is no much different such as open or laparoscopic approach, number of stages of surgery, type of pouch, hand or stapled ileal pouch-anal anastomosis. So I am questioning about if the "controversies" should be used in the title. In another hand, most data in this paper was mainly from Meta-analysis, and some references were long ago, so I suggest the authors to add more recently papers about this disease besides Meta-analysis

**We have changed the title as follows: Restorative proctocolectomy with ileal pouch-anal anastomosis for ulcerative colitis: a narrative review.**

**Indeed, we included in the present review not only meta-analyses but a very large number of studies and most of these are very recent (21 studies that are not meta-analyses published  $\geq$  2010). Nevertheless, as suggested by the reviewer, we updated the revision of the databases and we added some studies published in the last 6 months.**

## **COMMENTS TO AUTHORS: REVIEWER 00181118**

Thank you for the opportunity of reviewing this manuscript. It is a narrative overview rather than a systematic review on surgery for ulcerative colitis. It is nicely written however it does not offer new data on the current evidence in surgery for ulcerative colitis. Numerous reviews have been written in the same topic and recently the ECCO group published in JCC a detailed guideline with evidence level for every statement on surgery for ulcerative colitis. The other comment is that many aspects of surgery for ulcerative colitis have not been included in the manuscript such as total proctocolectomy, or colectomy with ileo-rectal anastomosis that are operations still in use in selected cases. About restorative proctocolectomy there are robust evidence that the laparoscopic approach improve fertility in female patients and the reduction of adhesion formation decrease the risk of intestinal obstruction , this aspect has not been considered in the manuscript. For those considerations I think that the manuscript is not suitable for publication in a scientific journal such as WJG.

**Honestly, we find this revision much severe. We are aware of the ECCO guidelines and they have been cited in the review. However, these guidelines are updated to 2014. In our review, data are updated to 2016. In addition, most statements of the ECCO guidelines have evidence levels  $\geq 2$  and some  $>3$ . In our review, we have tried to show the results of the numerous studies on the different topics to give a reader a larger view of the reality and explain how and why many controversies remain.**

**Our review focused on restorative proctocolectomy with ileal pouch-anal anastomosis that is the gold standard for the surgical treatment of ulcerative colitis while the other procedures (total proctocolectomy, colectomy with ileo-rectal anastomosis) are in use only for very selected cases. In this sense, as stated above, we changed the title.**

**In addition, following the suggestion of the reviewer, we added evidences about the effect of laparoscopic approach on adhesion formation and fertility.**