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

ESPS Manuscript NO: 25067

Manuscript Type: Case Report

March 26, 2016

RE: Re-submission of a revised MS (Manuscript No. 25067)

Dr. Editors:

We would like to submit the 1st revision of our MS.

Eventually, we had submitted the first version of our MS on February 20, 2016 (Manuscript No. 25067). Based on your comments and suggestions, we had submitted the revised version on March 25, 2016.

All revised portions are shown clearly in an attached letter as well as new MS, in which revisions are marked in red. Please read the following response to your comments, reviewing the revised MS with marked in red, since the number of pages and lines is shown accordingly.

We hope that our revisions are responsible to your comments and suggestions, and that finally you would find our revised MS adequate for publication in *World Journal of Gastrointestinal Endoscopy.*

Thank you very much in advance.

Sincerely yours,

Please address all correspondence to:

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Response to Reviewer' Comments

< Reviewer No. 03031086's Comments>

We reply to every comment of reviewer No. 03031086. Accordingly, we have revised the MS. We numbered the following comments according to the order of the reviewer's queries.

Thank you for your kind review and careful suggestions. We have several reasons why we performed transverse colostomy. Exactly in most cases, we could not make the stoma at sigmoid colon because of the obstructive colitis at the sigmoid colon. Furthermore, we performed chemotherapy in these patients and we would like to do surgery and use the sigmoid colon for the anastomosis if possible. In response to the reviewer's comment, we revised our manuscript marked in red as follows:

Page 6, lines 22-23

In the present study, we performed colostomy at the transverse colon because the obstructive effect such as colitis and edema at the sigmoid colon.

< Reviewer No. 02441722's Comments>

We reply to every comment of reviewer No. 02441722. Accordingly, we have revised the MS. We numbered the following comments according to the order of the reviewer's queries.

(1) Discussion

Thank you for the careful review and suggestion. We have performed single-incision laparoscopic-assisted stoma creation at transverse colon by using Lap-Protector and EZ Access (Hakko Co. Ltd., Nagano, Japan). Shorter skin incisions and decreased numbers of port sites limit the work space to handle the forceps. We use Lap-Protector and EZ Access, and generally place the 3 trocars amd make differences of the trocar length to reduce the difficulty of operative handling caused by the contact of the trocars outside the abdomen. In response to the reviewer's comment, we revised our manuscript and added Supplementary Figure S1 as follows in red:

Page6, lines 28-30

In order to reduce the difficulty caused by the limited work space at the main port for multi-trocar access, we placed three trocars in the EZ Access device and make differences of the trocar length.

Supplementary Figure Legends

Figure S1. Scheme of the multi-trocar access

At the main port for multi-trocar access, three trocars were placed in the EZ Access device to make differences of the trocar length.

(2) Results and Table 2

Thank you for your careful review. Please let us know the discrepancy between the results and Table 2, in order to correct.

(3) Difference and Usefulness of the laparoscopic-assisted stoma creation

Thank you for the kind suggestion. In relation to the query (1), we would like to show our devisal to reduce the technical difficulty in the limited work space caused by the contact of the trocars at the main port. We revised our

manuscript and added Supplementary Figure S1 as described above.

< Reviewer No. 00183059's Comments>

We reply to every comment of reviewer No. 00183059. Accordingly, we have revised the MS. We numbered the following comments according to the order of the reviewer's queries.

(1) Additional port

According to the reviewer's helpful comment, we revised our manuscript in result rection as marked in red.

Page 5, lines 24-27

SILStoma was performed in nine cases without the requirement of additional ports. In two cases, one additional port (5 mm at the left-side lateral abdomen) was required, and in another case, two additional ports (5 mm trocars at left- and right-side lateral abdomen) were required.

(2) Ileus status and preoperative decompression

In our present study, all cases are ileus and preoperative decompression of the intestine was performed in 7 cases. We added the information and revised our table 1.

(3) Table 2

According to the reviewers suggestion, we described the continuous variables as average and standard deviation in Table 2.

Operative duration (min)	76.9 ± 38.3
Blood loss (ml)	0.4 ± 1.4
Additional port (except single incision)	0 (0–2)
Conversion to open	0
Complications (grade ≥ II*)	0
Median days until stoma functioning	1.4 ± 0.5