

Format for ANSWERING REVIEWERS

May 1, 2013

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 2813- review.doc).

Title: Meta-analysis of stapled hemorrhoidopexy versus LigaSure hemorrhoidectomy

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2813

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) In discussion, you don't need to explain the Chen's method of SH to reduce skin tag.

Response: Thank you for your advice. We described Chen's method in discussion in order to better illustrate the mechanism of SH in higher frequency of residual skin tags. With the specific description, it is relatively easier, we believe, for readers to understand the advantages of LH. Therefore, we hope to preserve this content in the revised MS.

(2) Definitive conclusions on the advantages of stapled hemorrhoidopexy and ligasure hemorrhoidectomy over conventional hemorrhoidectomy should not be given.

Response: We agree with your comments. In the revised MS, the limitations of the present meta-analysis are addressed and we modify our conclusion correspondingly to make it to be more objective.

(3) More studies should be included and discussed in order to assess if conventional hemorrhoidectomy is still the gold standard treatment. An interesting paper could be "Ferguson hemorrhoidectomy: is still the gold standard treatment?" (Updates Surg. 2012 Sep;64(3):191-4. doi: 10.1007/s13304-012-0155-2. Epub 2012 Apr 10).

Response: We do agree with the conclusions get in the mentioned study. However, the purpose of this meta-analysis is to compare the operative and postoperative outcomes of SH and LH. We will consider the data of this study in our further studies.

(4) SH is a stapled hemorrhoidopexy. The term stapled hemorrhoidectomy is incorrect.

Response: This had been corrected in the revised MS.

(5) The methods section is too long. A shorter version should be included in the revised

manuscript.

Response: The revised manuscript has been corrected.

(6) Search strategy and the criteria of study selection should be better and shortly described.

Response: The revised manuscript has been corrected.

(7) A flow chart, detailing all papers included and excluded from the analysis, should be included.

Response: This had been included in the revised manuscript.

(8) It is important to highlight the follow-up strategy of each trial included. The authors should state if the results could be compared. Could the different time of evaluation alter the results of meta-analysis? The outcomes should be compared at the same time, if it is possible. The authors should highlight the mean follow-up and should discuss that the evaluation has to be limited to the short-term results because of the lack of a long-term follow-up in the current literature, mainly for the ligasure hemorrhoidectomy.

Response: The follow-up strategy of each trial had been showed in table 2 in the revised version. In the sections on Discussions, we mentioned that follow up time did not exceed 24 months in all included trials. So, further studies with longer follow up time are needed.

(9) The number of patients included for each outcome should be expressed.

Response: All these numbers were showed in the revised version.

(10) All potential bias of analysis should be evaluated and discussed (i.e. surgeon's experience, patients' selection, pain control strategy, methods of continence and/or stenosis assessment).

Response: All potential bias of analysis had been discussed in the section on Discussions.

(11) The authors cannot give definitive conclusion because of the several limitations and concerns of the present literature.

Response: We think that your comments are of great importance. In the revised MS, the limitations of the present meta-analysis are further addressed and the conclusion has been rewritten in a more objective way.

(12) It is very important to highlight (also in the abstract) that further ad hoc studies are needed. It could be interesting if the authors could identify the most relevant issues, which should be evaluated by further research.

Response: This had been reiterated in the section on Discussions. For the editor request that the Conclusion in the abstract should not exceed 26 words, we did not highlight it in the abstract.

(13) The Conclusions paragraph needs to be improved.

Response: The Conclusions paragraph had been revised in the new version.

3 References and typesetting were corrected

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

Sincerely yours,

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