

Responses to Reviewers' Comments:

Many thanks for your comments. We have endeavoured to address the points raised and make changes as appropriate.

Reviewers' comments

1. *The authors write "the vessels that supply the distal rectum are then divided until there is enough length" (current techniques, lap.-assisted anorectal pull-through, p.5). This is for me not completely clear. Is mobilized more appropriate here?*

The sentence has been re-written to make this clearer: "The distal rectum is then mobilised by dividing feeding vessels until there is enough length to pull the rectum comfortably down to the perineum."

2. *PSARP is introduced (Outcomes, short-term outcomes, p.6) without further explanation. A short description for the non-expert would be certainly helpful.*

A sentence introducing the PSARP has been included at the start of the anorectal malformation section. "The posterior sagittal anorectoplasty (PSARP), a perineal approach to the correction of anorectal malformations (ARMs), has been standard practice since it was first described by Pena in the 1980s.¹"

3. *The benefits of laparoscopic surgery are given (Outcomes, short-outcomes, p.11). In that chapter it is not completely clear compared to what procedure (open surgery or complete trans-anal).*

This is in comparison to the open approach, this has been made clear by re-wording the first sentence. "Quoted benefits of laparoscopic surgery over traditional open techniques include reduced post-operative pain, quicker recovery of bowel function, shorter length of stay and improved cosmesis."

4. *In table 1 I recommend to explain the abbreviations.*

Abbreviations have been explained as needed.