

October 18, 2017

The Editor World Journal of Gastrointestinal Surgery

Dear Sir or Madam

We would like to thank the reviewers for their time and their effort in reviewing our manuscript (#35804) entitled "*The Role of Oral Antibiotics for Prophylaxis against Surgical Site Infections after Elective Colorectal Surgery*" that was submitted to the World Journal of Gastrointestinal Surgery.

We have read the reviewers comments and made the necessary corrections. We would like to submit the revised version to the World Journal of Gastrointestinal Surgery to be re-considered for publication.

The corrections are listed below and also outlined in the revised version in bold type:

- **Editor: The conflict of interest statement must be provided in a PDF format, at the statement must also be mentioned as a footnote in the manuscript text**
In keeping with the Editor's request, a signed Conflict of Interest Statement was submitted as an attachment. The conflict of Interest Statement also appears now as a footnote in the manuscript text.
- **Editor: Please add PubMed citation numbers and DOI citations to the reference list and list all authors.**
In keeping with the Editor's request, the Pubmed Citations and DOI citations have been added to each reference. All authors are listed as well.
- **Reviewer 1 (00058381) Major Comment: Interesting overview**
No changes were made in response to this comment.
- **Reviewer 1 (00058381) recommended minor revision: clauvulanate > clavulanate (page 7, second paragraph)**
As recommended by the reviewer, the spelling of clavulanate has now been corrected at page 7, paragraph 2, line 3.
- **Reviewer 1 (00058381) recommended minor revision: "it prescribed for trichomonal vaginitis" > "it was prescribed for trichomonal vaginitis" (page 7, third paragraph)**
As recommended by the reviewer, the grammar has been corrected at page 7, paragraph 3, line 5. This sentence now reads: "... *it was prescribed for trichomonal vaginitis.*"

- Reviewer 1 (00058381) recommended minor revision: pencillin > penicillin (page 7, last paragraph);**
 As recommended by the reviewer, the spelling of penicillin has been corrected at page 7, paragraph 4, line 7. This sentence now reads:
"...patients with penicillin allergies..."
- Reviewer 1 (00058381) recommended minor revision: clauvulanic acid > clavulanic acid (page 8, second paragraph and page 11, last paragraph);**
 As recommended by the reviewer, the spelling of clavulanic has now been corrected at page 8, paragraph 1, line 7.
- Reviewer 1 (00058381) recommended minor revision: poloymorphonuclear cells > polymorphonuclear cells (page 10, first paragraph);**
 As recommended by the reviewer, the spelling of *"polymorphonuclear cells"* has now been corrected at page 10, paragraph 1, line 2.
- Reviewer 1 (00058381) recommended minor revision: supress endogenous organisms > suppress endogenous organisms (page 12, second paragraph);**
 As recommended by the reviewer, the spelling of *"suppress"* has now been corrected at page 12, paragraph 2, line 5.
- Reviewer 1 (00058381) recommended minor revision: non-absorable antibiotics > non-absorbable antibiotics (page 15, third paragraph).**
 As recommended by the reviewer, the spelling of *"non-absorbable antibiotics"* has now been corrected at page 15, paragraph 2, line 3.
- Reviewer 2 (00182276) commented: The article was a very well collected data pool about preoperative antibiotic profilaxis possibilities, the Authors detailed many antibiotic combination. I hoped, finally I will know the correct answer how to do it, but the conclusion was not clear, there was no clear evidence what and how should we use and combine drugs. Therefore I advice to the Author that they should explain - considering their local protocols as well - and give a suggestion for best supportive care. Following this small correction, I accept**
 The reviewer's comments are accepted. We understand that the reviewer wishes for a firm recommendation to be made. Therefore, we have completely re-written the conclusion. The first three paragraphs have been re-written to state our recommendations:
"Currently, there is still great variation in clinical practice as it relates to SSI prophylaxis in elective colorectal surgery. The available evidence strongly supports the abolition of routine MBP for SSI prophylaxis in elective colorectal surgery. Currently MBP is relegated only to specific circumstances for patients with: tumours <2cm diameter that may not be appreciated intra-operatively, those who require intra-operative colonoscopy and those scheduled for laparoscopic colectomy or restorative proctectomy.

There is level I evidence proving that intravenous antibiotics are efficacious in reducing the incidence of SSI during elective colorectal surgery. Ideally, they should be administered intravenously, within 60 minutes of the surgical incision. A single pre-operative dose of a second or third generation cephalosporin (for extended gram negative coverage) combined with metronidazole (for anaerobic cover) is recommended for prophylaxis in elective colorectal surgery.

Good-quality data has now emerged supporting the role of oral antibiotics, in combination with intravenous antibiotics, for SSI prophylaxis. The existing data suggest that combination therapy is more effective than oral antibiotics alone and intravenous antibiotics alone. Therefore, in addition to the above intravenous regime, we also recommend administration of non-absorbable oral agents, such as neomycin sulphate with erythromycin, in the 18-hour period prior to elective colorectal surgery."

We have also inserted an proviso as the fourth paragraph in the conclusion to state that: *"We do recognize that the choice of antibiotics is still not yet settled, but it should include appropriate gram negative, gram positive and anaerobic coverage, with non-absorbable agents administered orally. The chosen regime should be guided by institutional antimicrobial protocols, taking into account the spectrum of microbes in the local environment, their resistance patterns and the availability of the individual agents."*

There were four authors involved in the preparation of this manuscript and all have approved the final version.

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Regards
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