

Dear Prof. Wang and reviewers,

First of all, thank you for the comments from the reviewers and the Editorial Office concerning our manuscript entitled "Drain-site hernia after laparoscopic rectal resection: A case report and literature review". (Manuscript No.: 72481). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the responses to the comments from the reviewers and the Editorial Office are as following:

Responds to the reviewers' comments:

Reviewer #1: 1. Response to comment: (In the abstract it is difficult to understand that the problem is a drain site hernia) Response: We have replaced trocar site with drain-site and removed some inappropriate description in the Background part to express more accuracy. In the Case Summary part, we have revised the sentence description, such as abdominal wall hernia at the 5 mm former drain-site rather than at the 5 mm trocar site. 2. Response to comment: (I think that the authors must extensively analyse the current literature and explain which is the novelty of this case) Response: We have re-reviewed the current literature comprehensively in the revised manuscript (paragraphs 3, 4 and 7 of Discussion section) to explain the differences of our case in the aspects of hernia position, size of drain-site, onset time, associated risk factors and formation mechanism. In brief, the rare case we reported happened at the 5 mm drain-site one month postoperatively, and had no relevant risk factors to drain-site hernia (DSH) formation mentioned previously. While most DSH reported at  $\geq 10$  mm port site within a short time after the operation according to the literature. This case also brings us thinking about the mechanism to DSH formation and whether we should suture the 5 mm fascial defect after the drainage tube removal. Finally, we summarize from five aspects to manage DSH through extensive literature review. 3. Response to comment: (To have a more readable figure, it should be

better to put an arrow near the herniation) Response: We have relocated the arrow closer to the herniation in the figure.

Reviewer #2: 1. Response to comment: (Abstract too long) Response: In order to make the Abstract clearer and more readable, we have condensed and simplified the Background, Case Summary and Conclusion of the Abstract. 2. Response to comment: (A case report it is mandatory to add intraoperative images) Response: We are very sorry that we failed to take photos or record videos during the operation for all kinds of reasons. It is a good lesson for us and we will pay more attention to data collection for rare cases in clinical practice in future.

Responds to the Editorial Office's comments:

Editorial Office: Response to comment: (Authors should extensively analyze the current literature and explain what is new about this case) Response: We have described the novelty of our case in the revised manuscript according to the comments from the Editorial Office. Our case is new and different from those reported previously. The reasons have been listed in the revised paper. This case also brings some reflections of what we should do to prevent DSH in our clinical practice. We have analysed the problems extensively and provided our recommendations in the manuscript.

Lastly, we would like to express our great appreciation to you and reviewers for comments on our paper. Thank you and best regards.