

Reviewer#1:

1. for stage 4 hemorrhoids, which usually doesn't results in satisfactory results for the prolapse, how was the prolapse for this specific group.

In total, there were 10 patients had stage 4 internal hemorrhoids, 5 patients showed no improvement in prolapse symptoms, 3 patients with less prolapse than before, and 2 patients without prolapse.

2. was there any ulceration from the sclerotherapy.

In our long-term follow-up, we did not identify patients who developed ulcers after treatment.

3. further details regarding the exact method and dosage of the injection material need to be added in the method section.

Lauromacrogol (Drug specification: 10ml:100mg, The concentration of 1%).

The clockwise order should be followed when choosing the injection sites. The sclerosing agent is injected into submucosal layer within 5 s. Very rapid injections and more than a 2 mL injection in one site are not permitted.

Reviewer#2:

1. What is soft endoscopy technique?

Three milestones in the history of flexible endoscopic sclerotherapy have been reported. Ponsky *et al* ^{错误!未找到引用源。} in 1991 reported the flexible endoscopic injection of 23.4% saline, with 5-mm retractable needle, and retroflexed position for symptomatic hemorrhoids. Tomiki *et al*⁰ in 2014 reported the flexible endoscopic injection of aluminum potassium sulfate and tannic acid, with 5-mm retractable needle, retroflexed and antegrade position, and endoscopic cap. Zhang *et al*⁰ in 2015 reported cap-assisted endoscopic sclerotherapy (CAES) using a Lauromacrogol injection with a 10–20 mm retractable needle, normal position, endoscopic cap, and proper air delivery for improving endoscopic exposure.

REFERENCES

[5] **Zhang T**, Xu LJ, Xiang J, He Z, Peng ZY, Huang GM, Ji GZ, Zhang FM.

Cap-assisted endoscopic sclerotherapy for hemorrhoids: Methods, feasibility, and

efficacy. *World J Gastrointest Endosc* 2015; 7: 1334-1340.[PMID: 26722615 PMCID: PMC4689796 DOI: 10.4253/wjge.v7.i19.1334]

[16] **Ponsky JL**, Mellinger JD, Simon IB. Endoscopic retrograde hemorrhoidal sclerotherapy using 23.4% saline: a preliminary report[J]. *Gastrointest Endosc*. 1991; **37**: 155-8.[PMID: 2032599 DOI: 10.1016/s0016-5107(91)70675-5]

[17] **Tomiki Y**, Ono S, Aoki J, et al. Endoscopic sclerotherapy with aluminum potassium sulfate and tannic acid for internal hemorrhoids[J]. *Endoscop*. 2014, **46** Suppl 1 UCTN: E114.[PMID: 24676816 DOI: 10.1055/s-0034-1364884]

2.Why aspirin was stopped for 7 days before the procedure? Most guidelines recommend aspirin to be stopped for only 1-2 days before the procedure.

To prepare for concurrent endoscopic treatments, such as a bowel polypectomy, aspirin is generally discontinued for 5 days and other antiplatelet drugs for 7 days if possible.

3.Please mention the experience of the endoscopist.

All endoscopists had experience in with more than 200 endoscopes.

4. Please change 'tooth line' to 'dentate line'.
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5. Did the patients use any ayurvedic, Chinese or herbal medicines during the follow up period which could be an important confounding factor in determining the long-term efficacy of csp assisted sclerotherapy? If not known then this point should be mentioned as a limitation of this study.

The patient did not use Ayurveda, Chinese medicine, or herbal medicines during follow-up.

6. Was the follow up telephonic or on out-patient basis?

Telephone follow-up.

7. Please mention the median follow up duration with interquartile range.

Follow-up time in 2020: 33(24-45)month

Follow-up time in 2021: 45(34-57)month

8. Please add a figure showing the long needle and the cap used for the procedure.

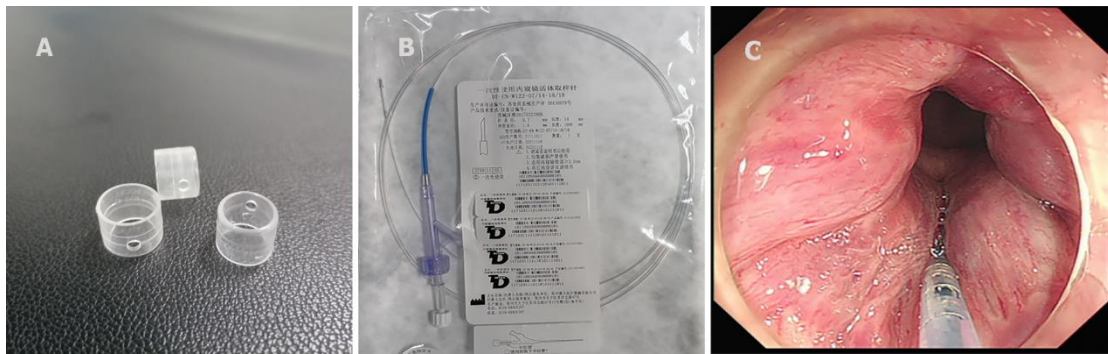


Figure 1 Long needle and the cap used for the procedure.A: the cap;B:long needle;C:the injection process