

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 86989

Title: Recent evidence for subcutaneous drains to prevent surgical site infections after

abdominal surgery: A systematic review and meta-analysis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05849479 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2023-07-26

Reviewer chosen by: Geng-Long Liu (Quit 2023)

Reviewer accepted review: 2023-08-26 05:52

Reviewer performed review: 2023-09-05 15:09

Review time: 10 Days and 9 Hours

	[] Grade A: Excellent [] Grade B: Very good [] Grade C:
Scientific quality	Good
	[] Grade D: Fair [<mark>Y</mark>] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [] Grade B: Good [] Grade C: Fair [Y] Grade D: No scientific significance
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This article aims to investigate whether subcutaneous drains were beneficial in gastrointestinal surgery using a systematic review and meta-analysis. The author claimed that current results supported the prevention of SSIs through subcutaneous drainage after gastrointestinal surgery. However, there were no significant differences observed in that of superficial or deep/organ SSIs between drained and control group, which compromised the author's conclusion. Furthermore, we found conflicting results in the literature that the author collected regarding hospital stay or drain time, which could not lead to the conclusion of the muanuscript.



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Peer-review model: Single blind

Reviewer's code: 00068182 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor, Professor, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2023-07-26

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-09-20 02:45

Reviewer performed review: 2023-09-26 10:57

Review time: 6 Days and 8 Hours

	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
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Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript reviews a study that examined the potential benefits of subcutaneous drains in gastrointestinal surgery using a systematic review and meta-analysis. The findings suggest that there were no significant differences in seroma formation between the groups. However, patients in the drained group had slightly shorter hospital stays compared to the control group. Therefore, the author suggests that subcutaneous drains after gastrointestinal surgery may help prevent SSIs but have minimal impact on seroma formation or hospital stays. The timing of drain removal should be reconsidered in future studies. Personally, I believe this medical review has significant scientific value and can contribute to clinical practice and further research efforts.



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Peer-review model: Single blind

Reviewer's code: 00003629

Position: Editorial Board

Academic degree: MD

Professional title: Emeritus Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: Japan

Manuscript submission date: 2023-07-26

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-09-26 09:30

Reviewer performed review: 2023-10-04 11:28

Review time: 8 Days and 1 Hour

	[] Grade A: Excellent [] Grade B: Very good [] Grade C:
Scientific quality	Good
	[Y] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No creativity or innovation



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Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Major Comments: 1. (Page 10, Lines 6-7): The authors should examine and define whether the individual variables of their study had a parametric or non-parametric distribution and use the appropriate methodology for group comparisons. 2. (Page 10, Lines 18-19): The reason of non-inclusion of 2 studies (References No 26 & 27) because they were in German and Italian language, respectively, is not considered sufficient. If these works were related to the subject, the authors could easily translate them in English or Japanese and evaluate their data together with the other 7 studies. The 2 articles must be included in the meta-analysis. 3. (Page 10, Lines 30): The analyzed studies include a wide spectrum of severity. Postoperative infectious complications could possibly be related to the patients' age and preoperative condition, the length of operation, the operative technique, the experience of the surgeon, and several other factors overshadowing the effect and importance of placing or not a subcutaneous (Page 21, Figure 2): Please, add a new column with the number of the drainage. 4. references next to the name of the first author and the year of publication. Minor Comments: (Page 11, Lines 4-5): "...ampicillin with sulbactam..."?



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Peer-review model: Single blind

Reviewer's code: 00189260
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Professor

Reviewer's Country/Territory: Czech Republic

Author's Country/Territory: Japan

Manuscript submission date: 2023-07-26

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-09-27 20:39

Reviewer performed review: 2023-10-04 19:13

Review time: 6 Days and 22 Hours

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No novelty
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Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y] Yes [] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors present meta-analysis concerning use of subcutaneous drains in gastrointestinal surgery. It is a very interesting topic however I have several comments on the current form of the paper. Methods -it is not entirely clear how "gastrointestinal surgery" has beed defined - it seems to me that hepatobiliary surgery and hernia repair doesn't quite fit into this topic, so this could be commented in more detail -did you think about any other parameters (except drain insertion) that could influence SSI - for example open vs laparoscopic approach? antibiotics? type of drain? acute vs planned Discussion -,,The classic shape of a subcutaneous drain is a tube with multiple small holes[11,20,23,24]. These small holes may become blocked with fat tissue during the flow of fluid, which eventually prevents drainage[29]." - so there is a risk for drainage failure in classic subcutaneous drains? -,, The Blake drain is a closed suction drain made of silicone elastomer with a solid core in the center and four slits along the sides. It was previously shown to maintain the flow of fluid from exuding interstitial tissue through its slits along the entire wound length[21]." about other types of drain used (Penrose, Hemovac...?)? why did you comment



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specifically on this type of drain, since there were 5 different drains used? Based on the results the drainage has a positive influence on SSI creation, however you could may be comment in more detail was is the actual benefit of this result, or was is in conclusion the benefit of subcutaneous drainage (not shorter hospital stay, not prevention of seroma formation).



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 00003629 Position: Editorial Board Academic degree: MD

Professional title: Emeritus Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: Japan

Manuscript submission date: 2023-07-26

Reviewer chosen by: Cong Lin

Reviewer accepted review: 2023-10-24 13:58

Reviewer performed review: 2023-10-25 07:14

Review time: 17 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I have no further comments. Everything has been already answered.



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Reviewer's code: 00189260 Position: Editorial Board Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Czech Republic

Author's Country/Territory: Japan

Manuscript submission date: 2023-07-26

Reviewer chosen by: Cong Lin

Reviewer accepted review: 2023-10-26 16:00

Reviewer performed review: 2023-11-07 00:30

Review time: 11 Days and 8 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Most od my comments were explained and according text adjustments were performed. However, there is one part in the new version in the text I have to comment on. Results -"Results of subgroup analyses" - it is not clear from either the text or the tables what the results refer to, apart from the group of patients that are analysed