

Peter Schemmer, FACS, MD, PhD

Editor-in-Chief, *World Journal of Gastrointestinal Surgery*

Dear Prof. Schemmer,

Thank you for allowing us to revise our manuscript entitled “**Recent evidence for subcutaneous drains to prevent surgical site infections after gastrointestinal surgery: A systematic review and meta-analysis**”, to be reconsidered for publication in *World Journal of Gastrointestinal Surgery*. Text revised according to the Reviewers’ comments is highlighted in yellow. These revisions will provide surgeons with a more detailed understanding of current evidence to prevent SSIs after gastrointestinal surgery.

For Reviewer #1.

Thank you for understanding the significance of our study. We appreciate your opinions and have incorporated your suggestions throughout our manuscript.

Inquiry #1 is about the definition of "gastrointestinal surgery". We aimed to elucidate the clinical benefits of subcutaneous drains in patients who underwent surgery in the Gastrointestinal Surgical Department. Therefore, we replaced gastrointestinal surgery with abdominal surgery. We stated the definition on P. 9, L. 7-8. We also analyzed subgroups for each abdominal surgery and showed differences depending on the surgical site (P. 10, L. 10-11; P. 11, L. 27-P. 12, L. 1; P. 13, L. 13-21).

Inquiry #2 is about investigating other parameters. We analyzed subgroups depending on the type of drain and added the results obtained to the revised manuscript (P. 11, L. 29-P. 12, L. 1; P. 12, L. 19-25).

Some parameters are under investigation and, thus, were not included in the present study.

Inquiry #3 about the differences in failing drainage depending on the type of drain in the Discussion. We analyzed subgroups depending on the type of drain and added the results to Suppl fig. 5. (P. 11, L. 29-P. 12, L. 1).

Inquiry #4 is about the benefit of a subcutaneous drain in conclusion. We discussed this on P. 14, L. 18–23. We found that subcutaneous drains shortened the length of hospital stays and added a comment to the conclusion.

For Reviewer #2.

Thank you for your valuable suggestions, according to which we revised our manuscript.

Inquiry #1 is the distribution of continuous data for each study and how to handle them in this review. We reflected on this comment on P. 10, L. 6–11. We examined continuous data using a non-parametric analysis.

Inquiry #2 suggests including some studies that excluded the initial analysis due to non-English. We evaluated two studies and reanalyzed them with additional Ref. 20 (Fig. 2). We excluded Ref. 27 again because of the lack of SSI data.

Inquiry #3 is a limitation of our meta-analysis. We discussed this on P. 14, L. 14-17.

Inquiry #4 is about the reference numbers in the figures and tables. We revised citations on P. 21-24.

Inquiry #5 is the description of antibiotics. We revised this on P. 11 L. 8.

For Reviewer #3.

Thank you for understanding the scientific value of this study. The authors hope this review will help surgeons pursue further surgical management to reduce SSIs.

For Reviewer #4.

Thank you for your review of this study. We revised our manuscript and reanalyzed some of the data. We found that the length of hospital stays was significantly shorter in the drain group than in the control group (Fig. 4). We revised the conclusion in light of these new results.

Sincerely yours,

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Round 2

Dear reviewer,

We revised our manuscript. According to the reviewer's comment, we modified the section of the subgroup analysis (P. 10) and added Figures 5 and 6 (P. 26 and 27). We hope the reviewer understand this revision. Thank you for giving us an opportunity to revise our manuscript. If you have further inquiry, let us know at your convenience.

Thank you for your help,

Best regards,

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