

#### Reviewer- 3254778

A well-timed piece with pertinent clinical insight. This manuscript requires revision of data presentation and minor language polishing. I had a few comments: -

01-the presentation of data in figures 1 and 2 should be revised to allow for clearer association with statistics. As they currently stand, both figures are displays of descriptive statistics (counts/frequencies). It is not clear from the figure alone which statistics the chi-squared and student t-tests were testing. –

Figure 1 and 2 were removed .Sir its difficlut to reconfigure figure 1 and 2 to express a meaningful idea.So that's why all reviwers have raised questions about that. Therefore I thought best thing is to remove figure 1 and 2-Shall we do so?Instead of that table 3 and 4 were included .-revised manuscript

02-The first line of the conclusion (FI increases with age,gender) is not well supported with figures/tables. If this is the real "core tip" the authors wish the reader to come away with, there really needs to be graphical support. Please refer the revised manuscript

Throughout the paper there were minor lapses in grammar (lastly in Acknowledgements: "The authors acknowledge all the patients WHO participated in this study and clinic staff who took care of patients" Please refer the revised manuscript

#### Reviewer- 23674

Duminda Subasinghe et al wrote an interesting paper on an often neglected issue that severely impair the quality of life of IBD patients. The manuscript is well written and the topic is rarely addressed in current literature; however, I think that results are not presented properly, as such, I have few suggestions in order to improve the manuscript:

- 1) Figures and tables are not easy to understand and they lack legends;-  
Sir its difficlut to reconfigure figure 1 and 2 to express a meaningful idea.So that's why all reviewers have raised questions about that. Therefore I thought best thing is to remove figure 1 and 2-Shall we do so?Instead of that table 3 and 4 were included .
- 2) I think figure 1 and figure 2 should be reconfigured and figure legends added
- 3) 2) Are table 1 and table 2 summarizing univariate/multivariate analysis? If that is the case OR and p values should be shown; if not, then those results should be presented in tables and/or graphs.-Its univariate analysis.For statistics P value is applicable.
- 4) 3) Apart from using X2 test and Student's t test for associations, correlation tests, such as Pearson's and /or Spearman's tests, should be performed and represented graphically –Please refer the revised manuscript 189-194
- 5) 4) It is not very clear which statistical analysis was performed for each result obtained that is described in the text –P value mentioned in the text were performed for each variable.
- 6) 5) Overall a statistical review should be performed-done

Reviewer- 23674

The information provided is relevant and could be interesting enough to warrant readers' attention, but there are some considerations:

01-The punctuation and spacing between characters need to be reviewed.-please refer the revised manuscript.

Section Patients and Methods – Page 4

the diagnostic criteria have not been established. The authors said "All the patients who attended the outpatient clinics with an established histological diagnosis of either UC or CD were included in the study". In fact, the inflammatory bowel disease diagnosis is based on clinical, endoscopic, histological and radiological criteria. The study sample was not characterized. Furthermore, the study subjects were not described in detail. -Ultimate gold standard diagnosis is histology-Therefore it was considered in selection of the study population. The description of clinical endoscopic and other details are not a objective of this paper and its beyond the scope of this manuscript. These clinical endoscopic detail were previously published on our population-Please refer -Disease characteristics of inflammatory bowel disease (IBD): findings from a tertiary care centre in South Asia. Subasinghe D, Nawarathna NM, Samarasekera DN. J Gastrointest Surg. 2011 Sep;15(9):1562-7

Table 1 could provide more details, for example:

Extension of ulcerative colitis distribution, localization and behavior of Crohn's disease. How many patients had perianal disease, surgery, etc.... the authors describe in the text that 14,1% of patients underwent surgery, however did not report which kind of surgery and its correlation with the symptoms of faecal continence.-Please refer the table 03 of revised manuscript (line 361-381) for the details of surgical procedures on IBD population. The description of clinical endoscopic and other details are not a objective of this paper and its beyond the scope of this manuscript. These clinical endoscopic detail were previously published on our population-Please refer -Disease characteristics of inflammatory bowel disease (IBD): findings from a tertiary care centre in South Asia. Subasinghe D, Nawarathna NM, Samarasekera DN. J Gastrointest Surg. 2011 Sep;15(9):1562-7

Was observed that patient with stoma was included, what does not make sense in the evaluation of faecal incontinence. **Patients currently with stomas were not included in the study. Please see the revised manuscript line – (total colectomy+ileostomy should be corrected as sigmoid colectomy)-line 176 of revised manuscript**

There was no activity assessment undertaken. This information is essential to correlate with faecal incontinence, because we know that fecal incontinence (FI) and urgency are common symptoms in IBD patients, particularly during disease flares. The disease activity also influences the evaluation in the quality of life. It would be interesting to know how much disease activity influences the incontinence and quality of life, to control this confounding factors. **All these patients were clinic follow up patients with chronic inflammatory disease –based on histology reports. Patients with acute flare-up were not in this study**

## Results

Figure 1. Correlate colitis extension with Vaizey score, but use categories of extensions that was not defined. Would recommendable the use of Montreal classification. **–Extent of colitis were determined by colonoscopic appearance and biopsy. We haven't used montreal classification- Figure 1 removed.**

Page 7 line 164 – review spelling - in relation to education level-**corrected in revised manuscript –Please refer line-183**

Line 167 and 168 –“Extent of the colitis was significantly ( $p=0.002$ ) associated with the vaizey scores where patients with distal colitis had higher scores (Figure 01)”. In fact, the correlation appears to be inversely proportional. **Yes**

The faecal incontinence was much more frequent in women (70,8% x 29,2%). There was no data regardless the pregnancy and delivery. **Please see the revised manuscript lines 153-156**

## Discussion

Some results and topics on the discussion didn't correlate with the aim of the study. The discussion related to the main objective of the study could be better developed-**Refer revised manuscript please.Lines 226-227**