

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 16346

**Title:** Single-port laparoscopic cholecystectomy versus standard four port laparoscopic cholecystectomy: a single-center study of 200 patients.

**Reviewer's code:** 00159342

**Reviewer's country:** India

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-01-15 22:17

**Date reviewed:** 2015-01-16 15:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

## COMMENTS TO AUTHORS

Thanks for this opportunity. This is a good study, however needs major changes: 1. Title should be something like "Single-port laparoscopic cholecystectomy versus standard four port laparoscopic cholecystectomy: A Non-randomized Single Centre Trial" 2. Minor spelling check required 3. Minor language polishing required 4. No abbreviations to be used in 'Abstract' section 5. Surgical technique needs to be shortened, as it is standard 6. Methods: the comparison technique described is vague, it should be made more clear. Which 100 patients of SPL were compared with which 100 patients of SLC ? 7. Its amazing that SPL operating times were shorter than SLC !! The paragraph dealing with operating times is confusing. Please clarify this sentence in 'Results': "Regarding procedures performed by surgeons a significant difference in mean operating time was seen in favour of SPL (45 versus 59 minutes, n=93 versus n=69, p<0.05)" 8. In 'Results': Exactly what was the 'significant correlation' between obesity and operating time? Please clarify this sentence: Regarding the procedures performed by surgeons a significant correlation was found (r=0.24; p=0.003; n=159)" 9. How was 'Conversion' defined for SPL & SLC ? 10. Authors say: "This



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

---

study was not designed for or aimed to identify superiority for either one of the techniques. The aim was to look at safety and feasibility, as previous studies reported a longer operating time and higher incidence of complications with single-port techniques". This is contradictory, in my opinion 11. In 'Discussion', authors should compare their results with other similar studies 12. Authors should mention in 'Conclusion' that randomized controlled trials are needed to confirm.....

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**ESPS manuscript NO:** 16346

**Title:** Single-port laparoscopic cholecystectomy versus standard four port laparoscopic cholecystectomy: a single-center study of 200 patients.

**Reviewer's code:** 00503609

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-01-15 22:17

**Date reviewed:** 2015-01-27 04:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Dr. Linden and co-workers compare 100 patients who underwent single-port cholecystectomy with 100 age-matched control patients who underwent standard four port laparoscopic cholecystectomy. No differences were found between the two groups with respect to gender or ASA classification. However, operating room time was shorter and there was less (although not statistically different) postoperative complications in the single-port group. There was no statistical difference between the groups with the respect to length of hospital stay, readmissions, and mortality. The authors conclude that single-port cholecystectomy is a safe technique which provides the patients with a non-visible scar. Critique 1. The authors indicate that 136 patients had single-port surgery. Although, not clear from the manuscript, I expect that 36 patients fell into the "introduction" period for this operation. Is this correct? What was the outcome of the first 39 patients and did it differ from the 100 subsequent patients? In other words, was there a learning curve in your early experience? 2. There is a significant difference in the number cases performed by residents (which had longer operative times) in the two groups. The authors refer to procedures performed by surgeons (versus

residents?) at several points in the manuscript. The distinction is not clearly articulated and needs to be more distinctly explained. Did residents assist on the other cases? 3. The correlations of BMI with operative time in single-port but not in standard laparoscopic cholecystectomy is interesting. It seems to suggest a limitation of single-port surgery in obese patients, although this depends on whether the added time for obesity is of practical, not just statistical, significance. Can you comment on your experience with obese patients and single-port surgery? Do you have any guidelines for BMI values that are and are not appropriate for single-port surgery? 4. Was there a correlation between obesity and the need for conversion/placement of extra ports? 5. The statement following the discussion of BMI states: "Regarding the procedures performed by surgeons a significant correlation was found...." Does this signify there was a correlation for both groups together? For each group alone? 6. Although there was 9 complications in the standard group versus only 3 in the single-port group, two of the complications in the standard group were biliary colic and another is labeled as Surgical (%). Is this later group a complication? If not, the count in Table 3 is only 8 complications. No matter the explanation of Table 3, the comparison of complications shows no difference or differences that are not significant considering the lack of randomization of patients so I do not think this changes conclusions. 7. What is specifically meant by hernia cicatricalis? 8. Do you have any long-term follow-up and outcome as higher port site hernia rates have been reported with single-site surgery? ?