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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 63178

Title: Literature Review of the Outcome of and Methods Used to Improve Transperineal

Repair of Rectocele

Reviewer's code: 00071777

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor, Surgeon

Reviewer's Country/Territory: Spain

Author's Country/Territory: Egypt

Manuscript submission date: 2021-01-25

Reviewer chosen by: Man Liu

Reviewer accepted review: 2021-04-28 10:42

Reviewer performed review: 2021-05-08 18:47

Review time: 10 Days and 8 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this paper. Overall, it is review of 24 articles about different procedures and outcomes of transperineal repair of rectocele. It is an interesting issue because symptomatic rectocele adversely affects a woman's quality of life, with symptoms of obstructive defecation, straining, constipation and/or faecal incontinence. Transperineal rectocele repair offers an effective method of symptom improvement. Long-term outcome data for all approaches are sparse and heterogeneous where they do exist. Objective quality of life data are needed. The paper is well structured and written, and has up to date references. I have some suggestions: ASSESSMENT Up to 93% of healthy, asymptomatic women are found on defecating proctography to have radiological evidence of a rectocele. The indication for surgical treatment is predominantly based on symptoms and not radiological evidence of an anatomical rectocele. This issue has to be shown clearer in the text. MANAGEMENT Indications for abdominal approaches are lacking. STRATEGY OF LITERATURE SEARCH Inclusion and exclusion criteria should be shown clearer. CONCLUSIONS A discussion section should be interesting, including FDA concerns regarding (transvaginal) mesh repair in general that cannot be ignored, citing complications including erosion and fistulation that were not rare. Limitations of the review (heterogeneity of data..) are lacking. Few grammatical and syntax errors should be corrected.