

## PEER-REVIEW REPORT

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

**Manuscript NO:** 89307

**Title:** Reinforced tissue matrix to strengthen the abdominal wall following reversal of temporary ostomies or to treat incisional hernias

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 01588784

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Surgeon

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-10-27

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-11-04 03:55

**Reviewer performed review:** 2023-11-06 12:18

**Review time:** 2 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

General comments: The authors reported the short-term efficacy of Reinforced tissue matrices (RTMs) in treating parastomal hernia and incisional hernia after stoma reversal. Twenty-eight patients underwent surgery using RTMs, and there was no hernia recurrence at 1-year follow-up. The incidence of mesh-related complications was relatively low (infection 7.1% and fistula 7.1%). Specific comments: 1. Although the results may be encouraging, heterogeneity in multiple study parameters limits equitable evaluation and interpretation of the results, including patient characteristics and comorbidities, different hernia type (parastomal and/or incisional), different surgical approach (open/lap/robotic), variations in mesh types (IS/LPR), variations in additional surgical techniques (component separation), presence or absence of bowel anastomosis, variations in the use of drains. In addition, the lack of control group does not allow direct assessment in the superiority of the RTMs over other mesh type. 2. Surgical details (including the material used) without figures are very hard to understand for gastroenterologists and surgeons who are not familiar with hernia or abdominal wall surgery. 3. One patient required mesh removal due to fistula and



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infection, but there was no hernia recurrence at 1-year follow-up. How did that happen?

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**Peer-review model:** Single blind

**Reviewer's code:** 00190202

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Academic Editor, Additional Professor, Director, Doctor, Professor, Surgeon

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-10-27

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2023-11-26 11:42

**Reviewer performed review:** 2023-11-27 05:26

**Review time:** 17 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty

<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This paper reports the prospective clinical results of Reinforced tissue matrix (RTM) in the treatment of parastomal hernia and post-ileostomy incisional hernia. No such literature has been found so far, so the article is advanced. This study reported 28 cases, including 21 cases of parastomal hernia, 4 cases of incisional hernia, and 3 cases of parastomal hernia/incisional hernia. Laparoscopic surgery was performed in 15 cases, robotic surgery in 10, and open surgery in 3. RTM were used in sublay for 23 cases, IPOM for 3 cases and introperitoneal for 2. Follow-up was conducted after 1 month and 1 year, there was no hernia recurrence, and good results were obtained. In this paper, laparoscopic, robot and classic surgical methods were used to treat parastomal hernia or incisional hernia after ileostomy reversal. However, the surgical methods described here were to close the colostomy and then perform a colon anastomosis, which means that these colostomies are temporarily for prevention, rather than permanent colostomy. But

this was not described in the patient data. In the case of a permanent colostomy, the repair of the parastomal hernia requires the methods of Keyhole, Sugarbaker, etc. Therefore, the revision of this article may also require the involvement of the surgeon. Many of papers of using meshes for treatment and prevention of parastomal hernia and incisional hernia have been reported. But the application of reinforced tissue matrix (RTM) in the repair of parastomal hernia and incisional hernia after ileostomy has not been reported. However, this article refers to TELA Bio OviTex products, OviTex has 1S, 2S, LPR, PRS and other specifications. Although 1S and LPR are used in the paper, they are not demonstrated details in the discussion. In fact, LPR is used for laparoscopy, and has 4 layers, while 2S has 8 Layers, so the thickness difference is twice. If four layers worked so well, why use eight? In addition, in this study, there were 23 Sublay cases, and 5 IPOM and Introperitoneal periods. According to the description in the article, what is the difference between Introperitoneal and IPOM? This article is primarily a surgical, but none of the authors are surgeons. Therefore, some details information need to be further clarified in the description of specific surgical methods. In view of these problems, it is suggested that the article needs a minor revision.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 01588784

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Surgeon

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-10-27

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2024-01-16 10:42

**Reviewer performed review:** 2024-01-16 10:59

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

#### **SPECIFIC COMMENTS TO AUTHORS**

The authors have revised the manuscript in accordance with the reviewers' comments and suggestions. Because this manuscript reports a novel surgical techniques with specific outcomes, it will be more valuable if presented with surgical figures. The authors have already answered that they were ready to comply (in response #2), please do so in the next revision process.