

## PEER-REVIEW REPORT

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

**Manuscript NO:** 90442

**Title:** Research on the prognostic value of adjusting intraperitoneal three-dimensional quality evaluation mode in laparoscopic cholecystectomy patients

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

**Peer-review model:** Single blind

**Reviewer's code:** 07916631

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Assistant Professor

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

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

**Manuscript submission date:** 2023-12-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-12-21 07:30

**Reviewer performed review:** 2024-01-02 10:25

**Review time:** 12 Days and 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<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 novelty
Creativity or innovation of this manuscript	<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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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

Compared to traditional open surgery, laparoscopic surgery has the advantages of minimal trauma, faster patient recovery, and lower postoperative pain, making it the "gold standard" for treating benign gallbladder diseases. However, medical practice has found that patients undergoing laparoscopic cholecystectomy still have a relatively high incidence of perioperative complications. Process primarily focuses on how to apply the structural attributes to practical activities, while outcome represents the results brought about by the process and aims to evaluate the success of the program. In this study, a total of 98 patients who underwent laparoscopic cholecystectomy were included. The authors aimed to assess the medical utility of the Configuration-Procedure-Consequence three-dimensional quality evaluation model in modulating the prognosis of laparoscopic cholecystectomy patients. The study is overall well performed, and the results are interesting. After a minor revision, it can be accepted for publication. Minor comments: 1. The manuscript requires a minor editing. Some minor language polishing has to be edited. 2. Figures should be improved with high resolution images. 3. Data in tables should be double checked. 4. Please update the references list.