

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 19141

Title: Evolution and advances in laparoscopic ventral and incisional hernia repair

Reviewer's code: 00724151

Reviewer's country: Brazil

Science editor: Fang-Fang Ji

Date sent for review: 2015-04-29 08:48

Date reviewed: 2015-06-06 21:07

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

COMMENTS TO AUTHORS

It is a thorough and excellent review article about laparoscopic ventral and incisional hernia repair. However some points are missing and other are over explained or repetitive, taking into consideration that it is a review about technical evolution. Firstly, the text is too long and in some points it is repetitive. It looks like a book chapter. Some aspects could be summarized to give the reader a clear and direct view. I believe, since it is a review article about laparoscopic repair, that the types of meshes are just over explained. There are so many details about it that makes the reader loses the focus of the article. The authors could summarize this part. Another aspect that makes the text too long is the studies details over explanation. Talking about citations, there are many statements that should be followed by a reference. Missing points: There are few or none citations about studies comparing costs between open versus laparoscopic repair. The title is about evolution and advances. But it seems, when you finish the text, that only meshes have evolved over time and that this was the main evolution in the technique. The authors depict more about advances in general laparoscopy and future trends than about specific evolution in hernia laparoscopy. There are no mention about advances in laparoscopic needle driver, energy forceps, suture lines and so on. In the



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end, you finish the article not knowing how the laparoscopic repair was done in the past. In fact, the evolution of laparoscopic ventral and incisional hernia repair is described briefly in the introduction and the whole text in about modern studies comparing open versus laparoscopic outcomes.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 19141

Title: Evolution and advances in laparoscopic ventral and incisional hernia repair

Reviewer's code: 02989819

Reviewer's country: Denmark

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input 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 checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input checked="" 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

Comments to the author: This is a fine review article, however, I have some suggestions for improvement: In general I think the article is too long. I would suggest shortening it a little; ie. in the long paragraph describing the WoW trial etc. I found several statements not followed by a reference. I think this is acceptable for some, generally accepted statements, but unacceptable when the statement is controversial or directly in disagreement with published literature. Besides the above-mentioned I have some specific points: 1. Page 5, line 9-10: Please add references after the listing of risk factors for developing incisional hernia. Further, several studies point towards surgical approach, closure technique etc as risk factors involved in formation of incisional hernia. Should be mentioned here. 2. Page 5, line 11-15: I agree that hernias probably grow over time, however, do they become more morbid over time? Reference? 3. Reference no 10: I do not believe it is a fact that 27% of all repairs are performed laparoscopically. Please change the sentence. 4. Page 7, 2nd paragraph: Please add references to the risk factors. 5. Page 14, ref. 36: Other studies have failed to find less pain after inguinal hernia repair using progrid mesh. Please also include this in the text. 6. Page 16, line 1: Please refer to a few of the studies mentioned. 7. Page 19, ref. 53: This reference holds no information



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on weakening of the abdominal wall, seems misplaced here, although relevant later on. 8. Page 20: I think it should be noted that another meta-analysis have indeed found a significant reduction in wound complications after minimally invasive CS. 9. Page 23: If the authors want to express that the use of da Vinci has increased rapidly, please write this instead of “exploded”. 10. Page 23: I do not think a quote from a scientific meeting belongs in an article. Please remove this (although relevant). 11. Page 25: Ref. 73 is the same as no. 11. Consequently, the authors are here repeating themselves. Please rephrase. 12. Page 28: States that fewer than 20% of all hernias are repaired laparoscopically – previously stated the number to be 27%. Please correct this. 13. Page 29: Please add reference to the statement about CS and improved abdominal wall function.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

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Title: Evolution and advances in laparoscopic ventral and incisional hernia repair

Reviewer's code: 00505458

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
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COMMENTS TO AUTHORS

The manifestation of incisional hernias within 5 years after index operation is widely a consequence of the limited follow up without age adjustment. Thorough Kaplan Meier estimates or epidemiological studies (Flum et al) indicate that many hernias manifest even after 5 years. Biologicals are replaced by scar tissue and not by remodelling to physiological fascia or other local tissues. Once a scar means always a wscar with all the consequences of scar contraction and blocking of regeneration. Coating with some molecules of Ti does not lead to substantial strengthening of the fibres, or to a change in weight. Considering the many excellent options of procedures and equipments it is difficult to identify the patients, who will take a benefit of a specific procedure or a specific mesh. For the development of a tailored surgery we need criteria which help us to select the best technique for a patient, which may be either open or laparoscopic; ePTFE or coated PP. It will be a challenge to elaborate these discriminating questions. Considering the low incidences of complicationss even in selected patients future research should focus on registries instead of (usually underpowered) clinical studies to evaluate strategies.