



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 35777

Title: Utility of single-incision totally extraperitoneal inguinal hernia repair with intraperitoneal inspection

Reviewer’s code: 00041858

Reviewer’s country: United States

Science editor: Yuan Qi

Date sent for review: 2017-08-07

Date reviewed: 2017-08-08

Review times: 1 Day

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript is nicely presented, however, the patient group is small. Nevertheless, the general idea of the method is useful. I suggest to re-submit as a Short Report.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 35777

Title: Utility of single-incision totally extraperitoneal inguinal hernia repair with intraperitoneal inspection

Reviewer’s code: 00058573

Reviewer’s country: India

Science editor: Yuan Qi

Date sent for review: 2017-08-07

Date reviewed: 2017-08-11

Review times: 4 Days

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 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 checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" 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

Though nicely written, the study has some major drawbacks 1. Retrospective study 2. No Control group 3. The number of patients are just 75 and that too over 8 years. For a procedure like hernia which is one of the most commonly done procedure, the numbers should have been much higher to prove the point.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 35777

Title: Utility of single-incision totally extraperitoneal inguinal hernia repair with intraperitoneal inspection

Reviewer's code: 01558002

Reviewer's country: Greece

Science editor: Yuan Qi

Date sent for review: 2017-08-07

Date reviewed: 2017-08-15

Review times: 7 Days

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 type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input 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

Dr Yamamoto and colleagues reported the short-term outcomes of single-incision laparoscopic surgery for totally extraperitoneal inguinal hernia repair (SILS-TEP). Hernia repair was preceded and followed by intraperitoneal observation. The authors stress the benefit of intraperitoneal observation. However, there is no comparison between SILS-TEPs with or without intraperitoneal observation. Many authors have reported the short- and middle-term outcomes of the SILS-TEP in a larger population. In a relatively small sample size, more information including cost-effectiveness and patient satisfaction would be needed.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 35777

Title: Utility of single-incision totally extraperitoneal inguinal hernia repair with intraperitoneal inspection

Reviewer's code: 00158975

Reviewer's country: China

Science editor: Yuan Qi

Date sent for review: 2017-08-07

Date reviewed: 2017-08-15

Review times: 7 Days

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 checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input 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

The study described a modification of conventional TEP approach with the addition of intraperitoneal observation. The author suggested advantage of inspecting the contralateral side for hernia and the possibility to examine incarcerated bowel. It also allowed easy conversion between TEP and TAPP when necessary. Overall the study design was sound and the conclusion was valid. However the study was purely descriptive without comparison group which limited its value. Some points need to be clarified: 1. The rate of incisional hernia, if any, was not mentioned. 2. Given that classical TEP is a well established method with relatively low complication, the prolonged operation time in iSTEP needs to be justified. Is it cost effective? The author should include a simple cost analysis. 3. There was no reference to support the common complications after TEP mentioned in the discussion.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 35777

Title: Utility of single-incision totally extraperitoneal inguinal hernia repair with intraperitoneal inspection

Reviewer's code: 02549885

Reviewer's country: China

Science editor: Yuan Qi

Date sent for review: 2017-08-07

Date reviewed: 2017-08-21

Review times: 13 Days

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 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 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

1. interesting study: iSTEP combined with intraperitoneal observation enables observation of the opposite side and reconfirmation of treatment after mesh repair making the technique safer and reducing postoperative complications. 2. previous study has reported that using observation through the incision at the inguinal hernia sac can identify the opposite sided inguinal hernia, what is the advantages in your modification comparing to the above study. 3. in the second paragraph of the MATERIALS AND METHODS part, authors said "The trocar was removed and the peritoneum was closed after inserting a catheter to degas the cavity". please describe it in detail that "How is the peritoneum closed? How to guarantee there is no gas leakage in preperitoneal space?". 4. in the discussion part, authors said "If it was difficult to perform hernia repair using TEP, we could easily switch to TAPP.", could you let us know



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

"Under what condition, the operation should be switched to TAAP?"



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 35777

Title: Utility of single-incision totally extraperitoneal inguinal hernia repair with intraperitoneal inspection

Reviewer’s code: 02839978

Reviewer’s country: Italy

Science editor: Yuan Qi

Date sent for review: 2017-08-07

Date reviewed: 2017-08-28

Review times: 21 Days

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

Very good work. In my opinion it deserves publication.