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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Obstetrics and Gynecology

ESPS manuscript NO: 21043

Title: Urinary incontinence following obstetric fistula repair

Reviewer's code: 00742221

Reviewer's country: Italy

Science editor: Xue-Mei Gong

Date sent for review: 2015-07-05 16:53

Date reviewed: 2015-08-27 06:09

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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" 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

thank you for the opportunity to review the article. my mayor concern is that you describe fistula as very common in your Review, it seem that is common in developing countries and you should underline this.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Obstetrics and Gynecology

ESPS manuscript NO: 21043

Title: Urinary incontinence following obstetric fistula repair

Reviewer's code: 00742116

Reviewer's country: Greece

Science editor: Xue-Mei Gong

Date sent for review: 2015-07-05 16:53

Date reviewed: 2015-08-24 17:31

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

Minor comments Abstract "Prolonged obstructed labour is the most common cause of fistula world-wide." --> "Prolonged or obstructed labour is the most common cause of fistula world-wide."

Key words Ok Core tip I would suggest this section be omitted and its content, which is not mentioned anywhere else in the manuscript, be incorporated into the "Urinary incontinence following successful closure of obstetric genito-urinary fistula" & "Management of post-fistula urinary incontinence" accordingly.

Introduction "Prolonged obstructed labour results in pressure necrosis..." --> "Prolonged or obstructed labour results in pressure necrosis..." Apart from pressure necrosis of the genital tract and surrounding tissues as a result of prolonged or obstructed labour, the Authors should mention that, infrequently, obstetric fistula may result from vaginal trauma and laceration caused by instrumental delivery or spontaneous vaginal delivery.

Furthermore obstetric fistula may result from cesarean section, cesarean hysterectomy and emergency symphysiotomy for shoulder dystocia. Obstetric fistula - demographics "Obstetric fistula - demographics"

--> "Obstetric fistula - Demographics" "It is a common condition in low-income countries" --> "It is a common condition in low-income countries, mainly in



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sub-Saharan Africa and south Asia." "...or do not have permission from their family/husband" --> "or may not have permission from their family/husband" " do not know where to go for treatment" --> "do not know where to address for treatment" Obstetric fistula from pressure necrosis occurs as a result of the lack of effective emergency obstetric services. Among the predisposing factors, marriage and childbearing at an earlier age often before skeletal maturity and poor constitutional tissue conformation due to defective nutritional status should be emphasized. " Many do not know their date of birth and age. They often relate time to significant events in their lives rather than the calendar." --> "Many do not know their age due to illiteracy and the tendency to relate time to significant events in their lives rather than the calendar." Complications following obstetric fistula "Complications following obstetric fistula" --> "Obstetric fistula - Complications" "...further complicating reproductive function by intrauterine/pelvic adhesions and pituitary function." --> "...further complicating reproductive function by intrauterine/pelvic adhesions and/or impaired pituitary function." Urinary incontinence following successful closure of obstetric genito-urinary fistula "A comparison of 2 classification systems demonstrated the Goh's system (10) had a significantly better ability to predict fistula closure (11)." --> "Several classification systems have been proposed so far for genital tract fistula. A comparison of two systems among them, demonstrated the Goh system (10) had a significantly better ability to predict fistula closure than Waaldjik's system (11)." "Seven percent of women had post-void residual urine volumes of over 150 mls." --> "Seven percent of women had post-void residual urine volumes of 150 ml or more." Management of post-fistula urinary incontinence The Authors should mention various non surgical treatment approaches which have been proposed for incontinence after fistula repair, such as pelvic floor exercises, anticholinergic medications , bladder training and urethral plugs. "Unfortunately, surgeries to treat urinary incontinence following these fistulas have frustrated fistula surgeon for many years" --> " Unfortunately, surgeries to treat urinary incontinence following these fistulas have frustrated fistula surgeons for many years" "It is often difficult to obtain follow up due to a number of reasons including the cost of returning for follow-up and in many places in Africa, violence against women is common and hence follow-up is near impossible.