



**PEER-REVIEW REPORT**

**Name of journal:** *World Journal of Surgical Procedures*

**Manuscript NO:** 88397

**Title:** An Alternative to Mesh Repair for Ventral Hernias: Modified Rectus Muscle Repair

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

**Peer-review model:** Single blind

**Reviewer’s code:** 05342613

**Position:** Editorial Board

**Academic degree:** FACS

**Professional title:** Professor

**Reviewer’s Country/Territory:** Turkey

**Author’s Country/Territory:** Trinidad and Tobago

**Manuscript submission date:** 2023-09-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-10-05 15:58

**Reviewer performed review:** 2023-10-12 04:24

**Review time:** 6 Days and 12 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Novelty 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 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



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<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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input 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**

The described technique may be an alternative for some cases.



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**Reviewer's code:** 05061213

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor, Chief Doctor, Doctor, Instructor, Surgeon

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

**Author's Country/Territory:** Trinidad and Tobago

**Manuscript submission date:** 2023-09-23

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

**Reviewer accepted review:** 2023-10-30 07:15

**Reviewer performed review:** 2023-10-30 11:52

**Review time:** 4 Hours

<b>Scientific quality</b>	<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
<b>Novelty 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 novelty
<b>Creativity or innovation of 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 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

Use of mesh in a ventral hernia repair has been generalized because it contributes to a lower recurrence rate. However, as the authors point out, there are severe complications associated with the mesh, and a non-mesh technique with favorable results would be ideal. In addition, a mesh-free technique is also necessary in cases in which it is inappropriate to use mesh, such as in the case of infection. In this regard, the technique presented in this article is of potential clinical utility. Importantly, this article shows the excellent results of modified Rectus Muscle Repair (RMR) in terms of recurrence rate. There are some parts that are missing in terms of content and descriptions that are not in accordance with the main objective of the article, and need to be revised. With the sentence of “(1) recurrence rates would be inordinately high without mesh for larger hernias and (2) more extensive dissection would result in a greater incidence of seromas and hematomas”. It would be better to simply stated that the recurrence and complication rates are unknown and this paper will make them clear, since it would be mistaken as if someone had pointed that out. Please introduce about the RMR technique in brief manner. The authors asked the readers to refer to the cited literature,



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but many of them could not access to it and not understand the technique. Please provide a simple illustration of the modified RMR using a transverse section of the abdominal wall, since it was developed by the authors. It is conceptually difficult to understand the technique from a photographic view. Specifically, it is not clear how the attenuated linea alba is treated, i.e., whether the connection between the anterior and posterior sheaths of the rectus abdominis muscle is preserved or resected. The authors state that the anterior sheath of the rectus abdominis, rectus abdominis, and posterior sheath are passed through at a single suture, but I would like to know more about the suture bites and intervals, that are not mentioned in the cited article. Since one of the characteristics of the RMR is the anterior dissection of the anterior sheath, I would like the authors to explain this as well. In the results section, hernia types were described with the sentence of "These included umbilical hernias (15), para-umbilical hernias (12), supra-umbilical (9) and incisional (12)." Primary hernias are more common in this study. This would likely affect the results as well, so that please provide a table or other explanation of what the hernia size is for each type of hernia. Also, if possible, please show how the distance of pre-anterior sheath dissection. As for the discussion, it is excessive because it describes things that are not directly related to this technique. Particularly, too much explanations in the section on complications due to mesh should be avoided. What I would most like you to know about the technique is how different from the other non-mesh techniques have been introduced in the past. In particular, since Ramirez's component separation technique includes an anterior sheath incision, the modified RMR seems to a modified version of the Ramirez's component separation excluding an external oblique sheath incision. If there are another non-mesh techniques, and I would like to know how they differ from the modified RMR techniques. Since primary hernias accounted for most in this paper, a literature review of the outcome differences between primary and incisional hernia repair was demanded to discuss of



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whether the patient background is related to the results. A re-operative case was presented in the results. While describing the recurrent site as being near the umbilicus where closure was incomplete in all layers, the patient is described as having a recurrence from lateral to the suture. If the recurrence site was near the suture, tissue tearing could be the cause of the recurrence, and that it's a limitation of primary closure repair. Please describe in your discussion whether this is a limitation or if there are countermeasures. Lastly, in the details, please do not repeat the content, as in the last paragraph of the Discussion.