

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 14233

**Title:** New approaches in laparoscopic surgery for colorectal diseases: the totally laparoscopic and single-incision approaches

**Reviewer code:** 02494120

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-09-25 19:19

**Date reviewed:** 2014-11-09 23:45

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This is an interesting and updated review article on two different operative strategies for colonic surgery. It deserves publication.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 14233

**Title:** New approaches in laparoscopic surgery for colorectal diseases: the totally laparoscopic and single-incision approaches

**Reviewer code:** 00039422

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-09-25 19:19

**Date reviewed:** 2014-11-10 23:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This manuscript is a rather comprehensive review, including a high number of references, about two most debated issues about mini-invasive surgery. Apart from some enthusiastic statements, like “now we are in the era of “the greater the surgeon, the smaller the incision” as written in the Introduction, the conclusions of the author is, for a totally laparoscopic approach, the same of a recent systematic review of the literature, showing no superiority of left-sided laparoscopic colectomy with transanal specimen extraction over conventional laparoscopic resection. It could not be different, but the declaration that “However, we think minimizing the incision in itself is favorable for patients unless the procedure is seen as possibly too complicated or harmful to patients” is excessively simplified, not really scientific, and reflects the point of view of a most enthusiastic laparoscopic surgeon. Even for the second technique, i.e. the single incision approach, the authors, whose extensive experience and favourable results must be congratulated, agree that “although single-incision laparoscopic colectomy provides a better cosmetic result and reduces postoperative pain, its impact on the length of hospital stay remains controversial”. Indeed, until now NOTES still should be considered an investigational approach, with several concerns. Single incision technique requires ad advanced technical skill, often difficult to achieve by the majority of surgeons and the learning curve could be an impediment. At least I would mention the technical difficulties of both techniques as possible pitfalls, at least until now. In conclusion, it seems to me that the main



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drawback of the manuscript could be the lack of originality, although it represents a good review of the current state of these procedures. The technique proposed by the authors has been already described by them in other papers and it is certainly interesting but the presence of other figures describing and explaining the basic technical details of NOTES and totally laparoscopic approaches would be welcomed and would give the perception of a better designed paper.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 14233

**Title:** New approaches in laparoscopic surgery for colorectal diseases: the totally laparoscopic and single-incision approaches

**Reviewer code:** 00227398

**Science editor:** Fang-Fang Ji

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

It is unwise to compare size of cuts and surgical greatness; decisions are more important than incisions and really its 'the greater the surgeon, the smaller the complications' Even the size of the incision is less relevant than its orientation; transverse incisions may only affect 1-2 dermatomes, whereas the same size cut in the midline may involve a dozen! If the evidence of Bernstein is ignored because you "think"small incisions are favorable is not enough evidence, this is level 4 evidence; conjecture! Notes has very limited use in most of the world; please read a paper in JRSM, "NOTES; just because we can does not mean we should" which describes NOTES as a triumph of technology over common sense. The authors state "TEO allows precise dissection under magnified view that is as effective as TEM" but the major difference is that TEO has no depth of vision, whereas TEMS is binocular. Would you prefer your rectal cancer surgeon to have one eye or two! Perhaps some of these themes can be considered by the authors, not least because there is some (unmentioned) evidence that laparoscopic anastomoses leak more than open anastomoses which would make any difference in wound pain irrelevant! The extra cost and time spent in carrying out SILS/NOTES is not estimated here, but is difficult to justify on the small advantages claimed here.

## ESPS PEER REVIEW REPORT

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

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This study doesn't add a knowledge in minimally invasive colectomy: laparoscopic versus single incision.