

Reviewer #1:

I am appreciated for your acceptance!

Reviewer #2:

Thanks for your comment. Actually, I had tried my best to improve the outcome of this patient, and the result turned out to be good. Primary urethra realignment was widely accepted to be priority when treating patient with urethral rupture. However, the procedure was commonly failed due to complicate post-injury anatomy (as I mentioned in the manuscript). If the procedure failed, we would place a cystostomy and performed delay reconstruction surgery after weeks, but the complication would increase in that case. Indeed, what I have been done is uncommon. But I was trying to achieve antegrade realignment when retrograde realignment had failed and we already decided to placed cystostomy. Because the specific peel away sheath was not available in my facility, I remake Foley catheter to serve as trocar and performed an antegrade realignment procedure in the same time when we placed cystostomy. The Foley catheter was available in most hospital and the cystostomy procedure was familiar to most urologist. I think this modification could adopt in most facilities and improve the outcome of urethral injury. I had described the advantage of this procedure and add an opinion into the conclusion, thanks for your comment!

Reviewer #3:

Thanks for your reviewing, I am really appreciating to your affirmation.

As to your comment: How did you avoid the possible complications of anesthesia for this patient?

In this case, the patient was health without underlying disease, and the trauma related bleeding was not active. As a result, the ASA grade was low during the pre-operative evaluation. Furthermore, the primary realignment was basically an endoscopic surgery, with minimal trauma and related risk. Furthermore, one of the advantages of my procedure is that I performed antegrade realignment via Foley catheter of cystostomy. If the patient appeared fluctuated in vital sign, I could end the surgery immediately with an already established cystostomy. (As I mentioned in

the last paragraph of discussion).

The main risk of this patient was when we established the route for antegrade realignment, the risk of intra-abdomen puncture and bowel injury had been reported. I had also described the benefit to prevent such complication in the last paragraph, including Foley catheter was more familiar by most physician, the balloon of the Foley catheter can prevent fluid leakage, etc. I hope these can answer your question, thank you!