

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

1. Abdominal versus perineal approach- Reference no 51 Quoted study is a low powered study. Only 27.27% patients with perineal procedure responded to follow-up calls. Also the age has not been matched in the abdominal and perineal approach groups. The perineal procedure was done more in the old age group. Thus, drawing conclusion based only on this study is not adequate. Findings of RCT or meta-analysis on this topic should be included, such as that of PROSPER trial (2013) and the Cochrane review (2008).

Cochrane review(2015) and Prosper trial were included in the different parts of the study. It was also stated that study number 51 was a low-power study.

2. Perineal approaches- 'Perineal approaches are contraindicated for patients who have undergone prior rectopexy' - Author should give reference for this statement

Sentence corrected and placed in **“POSTOPERATIVE EVALUATION AND ADDRESSING RECURRENCE”** section with reference additional information about redo procedures.

3. Stapled transanal rectal resection- please mention specific indications and contraindications of this procedure

The indications, contraindications and complications of the Starr procedure have been restated based on the most recent publications.

4. ASCRS guidelines- Abdominal procedures are procedure of choice for patients who are fit to withstand surgery without concern for age – This should be added in the abdominal approaches section

The relevant sentence in the ASCRS guideline has been added to the abdominal approaches.

- 5) Recent advances in rectal prolapse management (NOTES- by A. Chandra et al.) should be also be included

Natural Orifice Transanal Endoscopic Rectopexy has been mentioned under perineal approaches section.

6) Novelty in the paper is lacking as similar reviews on rectal prolapse are available in plenty. Minor suggestions- - Fecal incontinence generally develops late in the clinical course rectal prolapse. (please add 'of') - Paragraph before conclusion- Ventral Rectopexy (do not use capital letters)

Although treatment modalities are mentioned briefly in the study, as stated in the abstract, the primary goal of the article is to create a summary resource on how to manage rectal prolapse before and after surgery. While we concur that there are much more thorough and systematic reviews of various treatment options in the literature, we selected this subject because we feel that management options besides surgical treatment have not received enough attention. Minor suggestions corrected as the reviewer's recommendations..

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Thank you so much for the opportunity to review this paper: Current diagnostic tools and treatment modalities for rectal prolapse. I have some comments:

1. This is not an original paper or study, it is a well written review of the literature, about the diagnostic and treatment options for rectal prolapse. No hypotheses or experiment were approach in the paper.

This is an invited narrative review and it includes mainly the articles between 2017 and 2022 in addition to writers personal opinion and important studies. For this reason, no hypotesis or experiment were included in the study.

2. It is a good review, but with nothing different, we know the rectal prolapse does not have a gold standart for treatment.

Even though rectal prolapse does not have a gold standart treatment, the main purpose of this article is to summarize the management of rectal prolapse. Hence, diagnostic tools, questianneres, examination and differential diagnosis took part of the most of the article. Surgical procedures and recent differences were only mentioned briefly.

3. In the title the authors should be add: a narrative review, or a systematic review.

Classification of the article was corrected in the title page.

4. Abstract and key Words reflect the focus of the manuscript

5. **Methods:** the manuscript does not describe the type of methodology that was used in the review.

According to the submission guidelines of the World Journal of Gastrointestinal Surgery, invited narrative reviews do not contain method section as the systematic reviews. All studies on rectal prolapse published in the Pubmed database between 2017 and 2022 were reviewed in order to prepare this study. In addition, the authors' own experiences and the key articles on rectal prolapse therapy were incorporated to the article.

6 Results and Discussion were mixed in the analysis, it seems like a book chapter.

Thank you for your very right criticism. However, as this manuscript was written as a narrative review, as authors we try to link together many studies for the purpose of either reinterpretation or to find a connection. We did not aim to make a conclusion only give the important issues which may be seen as a book chapter.

7 References. Appropriately cite the latest, important and authoritative references.

Recent guidelines in addition to most important studies between 2017 and 2022 were included in the study and some references updated according to reviewers' suggestions.

8. No ethical problems

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: there is not any new or interesting content (conclusion), as you said there are controversies in diagnosis and treatment of rectal prolapse...and..you repeated these controversies again...

Conclusion section has been corrected and the main purposes of the manuscript and the results obtained are correctly stated in the revised article.