Dear Dr. Wang,

Thank you for the positive feedback. We have carefully reviewed the valuable comments from the reviewers and have tried our best to revise the manuscript. Revised portion are marked in red in the paper. Our point by point responses to the reviewer's comments are as follow:

Response to Reviewers' comments:

Reviewer #1 (ID**: 02728137)**:

The manuscript is about one of the rare hernia. I read it attentively and have some comments.

Response: Thank you very much for the positive comments on our work and all suggestions for improvement.

1. Did you use prophylactic antibiotic therapy?

Response: We are sorry that we did not state this in the manuscript. All the patients in our study were not given antibiotics before the operation. We have revised the manuscript. (Line5, Page 7)

2. The data in the discussion section should be discussed in your cases correlation.

Response: Thank you for your suggestion and we completely agree with your advice. We have revised our discussion section. (Line 13-17, Page 12)

Reviewer #2 (ID**: 02948135)**:

Dear Authors, You have reported Laparoscopic repair via the transabdominal

preperitoneal procedure for bilateral lumbar hernia. I have the following comments:

1. The paper is too long and should be shorten to concentrate on the technique of lumber hernia repair.

Response: Thank you for your advice. However, the aim of our article is not just to report a case. In consideration of rarity of the lumbar hernia, we made an additional literature review for readers to better understand the lumbar hernia from etiology to treatment, which we think that it is necessary. Of course, we acknowledge that the paper is a little long due to the literature review. So we revise our manuscript and try our best to delete unnecessary words to simplify the paper as far as possible.

2. The CT pictures are not identical, and the post operative one seems to be for different patient!? unless the section is taken at higher level, higher than hernia site. Please check.

Response: Thank you so much for the insightful review. The pictures were obtained from the same patients. We are sorry for causing the misunderstanding and we have replaced the post-operative graph.

3. The CT is not a primary tool for hernia diagnosis as you mentioned in the paper. Hernia is almost always a clinical diagnosis. CT may be needed to be done pre operativley to assess the complexity, the actual contents, site and size of the hernia to formulate a suitable operative plan.

Response: Thank you for your advice. We are sorry for the wrong concept and the relative sentences are revised to "Nowadays, with the rapid

development of radiation technology, an abdominal CT scan is playing increasing role in assessing the complexity, the actual contents, site and size of the hernia to formulate a suitable operative plan, although the diagnosis of lumbar hernia is based on clinical manifestation". (Line 5-9, Page 9)

4. The language needs some polishing.

Response: Thank you for your suggestion. We have invited native English-speaking editors to help us polish the paper for proper English language, grammar, punctuation, spelling, and overall style.

5. The detailed technique including patient positioning, support, is needed.

Response: Thank you for your advice. Besides the pictures, we have a detailed description in the article. (Line 4-27, Page 6)

6. How easy to access the hernia site and dissect the colon and the kidney to reach the defect?

Response: Thank you for your comment. The patient was placed in a 60° lateral position. After cutting the peritoneum, colon is easy to be pulled downward due to the gravity to expose the retroperitoneal space. The space is loose and there are no great vessels in the space. Then, the retroperitoneal space was separated to fully expose the defect of hernia. Because this surgical space is outside the fatty capsule of kidney, we do not need to dissect the kidney.

7. How to justify this approach which is carrying organ injury risk to the colon, with open approach that doesn't carry such risk.

Response: We appreciate your comments. Firstly, we used non-injury clamps to clamp the colon during the operation. Secondly, no symptoms of the digestive system like intestinal obstruction or bloody stools were found after surgery.

Reviewer #3 (ID**: 00071178)**:

Many articles about laparoscopic lumber hernia repair have been published in the literature. I did not find the published article on laparoscopic bilateral lumber hernia repair. So, this article is first in the literature regarding this issue.

Response: Thank you so much for your encouraging review and suggestions.

Reviewer #4 (ID**: 00041858)**:

The manuscript on laparoscopic repair of lumbar hernia is relatively well presented and thus, of potential interest for the Readership of the Journal. The necessary corrections and additions include:

1. The Authors need linguistic help.

Response: Thank you for your suggestion. We have invited native English-speaking editors to help us polish the paper for proper English language, grammar, punctuation, spelling, and overall style.

2. A classification of lumbar hernias must be provided, including: a)spontaneous, b)post-traumatic, and c)postoperative. Treatment of each of these typically follows different patterns.

Response: We completely agree with this valuable suggestion. The disease caused by different pathogeny lead to different treatment. We divided lumbar hernia into spontaneous (primary) hernia and secondary hernia. The cause of secondary lumbar hernia includes trauma and operation. In the clinical practice, the principle of treatment of post-traumatic lumbar hernia and postoperative lumbar hernia is similar. So we have put the two diseases together. (Line 15-27, Page 7)

3. The Authors must present a mini-review of the published experience with laparoscopic repair of lumbar hernia; this would best be presented in a table.

Response: Thank you for your advice. We have conducted a literature search on the PubMed and found lots of relative articles. Because of our topic is the repair of spontaneous lumbar hernia. Finally, we abstracted 14 papers about laparoscopic repair of spontaneous lumbar hernia that is presented in a table. (Line 12-14, Page 7)

The table is shown as below.

Table 3: Literature Review: Laparoscopic Repair for Spontaneous Lumbar Hernia

Year, Author	Size	Technique	Mesh	Fixation
1997, Heniford et al[39]	4x3	TAPP	PTFE	Sutures
1997, Bickle et al[40]	3x3	TAPP	PPL	Tacks
2002, Postema et al	----	TEP	PPL	Tacks
2003, Habib[41]	3x4	TAPP	PPL	Tacks
2004, Grauls et al[42]	3x5	TAPP	PPL	Tacks
2005, Ipek et al[24]	8x10	TAPP	PTFE	Tacks + sutures
2011, Lim et al[32]	5x6	TEP	PPL	Tacks +sutures

2011, Nam et al[43]	3x5	TAPP	PPL	Tacks
2013, Suarez et al[14]	----	TAPP	----	Tacks
2014, Wei et al[44]	3x3	TEP (Single incision)	PPL	Tacks
2015, Walgamage et al[4]	5x5	TAPP	PPL	Tacks
2016, Agresta et al[45]	----	TAPP	Composite PPL	Tacks
2017, Claus et al[33]	1.5x2	TAPP	PPL	Tacks
2018, Sarwal et al[46]	3x3	TAPP	PPL	Tacks +fibrin sealent