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Answering reviewers

Name of journal: World Journal of Clinical Cases

Manuscript NO: 66302

Title: Ureteroscopic Holmium Laser to Transect the Greater Omentum to Remove an Abdominal Drain: Four case reports

Thank you very much for your suggestions. We have revised the manuscript according to the Editorial Office's comments and suggestions. The following is our detailed reply to the suggestions: Answer

1. "a new 16-F drain was replaced into the abdominal or pelvic cavity" What was the need for this, why put a drain back? If it was to put back, why remove it in the first place, Explain.

Answer: The drainage tube was removed because it had completed its drainage function and was no longer needed. During the operation, low-pressure flushing was necessary to keep the visual field clear, a new drainage tube was replaced to drain the intraoperative residual fluid. However, the placement time was short, and the drainage tube was removed within 48 hours. If the abdominal flushing fluid was sucked completely during the operation, the drainage tube didn't have to be placed again. Meanwhile, in the discussion we described the specific reasons: to avoid secondary postoperative peritoneal effusion and infection, a new drainage tube can be replaced to drain the perfusion fluid and removed within 48h. If the infusion fluid is completely sucked during the operation, it is not necessary to place a new drainage tube.

2. "All patients got out of bed to move and exhausted within 12 hours." Why they were exhausted?



Answer: We have corrected this misrepresentation and improper wording in the manuscript. What we intended to express was that the anal exhaust time was within 12 hours after operation, the operation had less impact on the patient's intestinal function.

3. "knottiest reasons"

Answer: One of the knottiest situations is that the greater omentum is incarcerated in the drain through the side holes of the drainage tube. Different from other reasons that lead to difficulties in drainage tube removal. In this case, non-surgical methods are often ineffective and likely to cause bleeding and peripheral organs injury, while traditional surgical methods, such as abdominal exploration, will cause greater secondary injury and significantly prolong the hospitalization time .

4. "Based on our past experience of cutting suture between the drain and tissue with a holmium laser" Why LASER is needed to cut suture ? Check and rephrase.

Answer: Because the drainage tube had inadvertently been trapped by a suture in the abdominal wall muscle layer during the operation, in order to solve this problem more effectively and non-invasively, we came up with this whole new idea, laser was chosen to cut the suture.

5. Ideally greater omentum should not block pelvic drains.

Answer: Indeed, as you said, ideally greater omentum should not block pelvic drains. It is uncommon for the greater omentum block pelvic drain, which is caused by incorrect drainage indwelling and prolonged indwelling.

6. "drain indwelling time ranged from 13-63 days". Such prolonged drain indwelling time itself is a risk factor adhesions with surrounding tissues or omentum.



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Answer: As we mentioned in the discussion, long indwelling time of drainage tube is a very important factor leading to omentum incarceration, but a few patients have to indwelling for a relatively long time due to postoperative abdominal infection or lymphatic fistula, which are also problems we should try our best to avoid. This paper focused on how to better solve the awkward situation of the drainage tube incarcerated by the greater omentum, and in the discussion we elaborated in detail when the indwelling drainage related matters needing attention.

7. "drainage tube passes through the abdominal cavity rigidly" How rigidity can be determined ?

Answer: For this point, there is no clear definition of the standard. Based on our experience and patient's abdominal CT examination, the drain may pass through the middle of the abdominal cavity, and the drainage tube tends to be at an angle to the abdominal wall, rather than parallel and close to the abdominal wall. The tissue around the drainage tube is dense, the density inside the drain is non-uniform.

8. "Liu HM et al. A new clinical strategy for the treatment of difficulty in removing abdominal drainage tube" "Yang Xiaofei, MD, PhD, chief physician, Department of General Surgery, Guizhou Provincial People's Hospital" Remove all names from the manuscript. Keep in authors or acknowledgements.

Answer: Thank you, we have removed all the names in the newly revised manuscript.

9 "high-pressure negative drainage" It is another risk factor, where negative pressure will pull the omentum into the drain.

Answer: Although the above patients were routine drainage indwelling, we acknowledge high-pressure negative drainage is a risk factor. It is because of these risk



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factors that the drainage tube incarcerated by the greater omentum occurs from time to time. In the paper, we provide a detailed analysis of the possible causes, as well as preventive advice.

10. "MULTIDISCIPLINARY EXPERT CONSULTATION" This section contains the repeat statements of the manuscript, should be removed.

Answer: Thanks, in the newly revised manuscript, we have removed the repeat statements and tried to keep the description concise and precise.

11. "We failed with non-surgical methods such as continuous traction, perfusing normal saline or paraffin oil into the drainage tube with strong pressure" Such and similar statements are repeated throughout the manuscript, use it judiciously.

Answer: Thanks, We reviewed and revised the manuscript carefully. In the newly revised manuscript, we have removed the repeat statements and tried to keep the description concise and precise.

12. Conclusion is a repeat of the text. It should be clear, concise and to give "take home message".

Answer: Thanks, the conclusion has been revised according to your suggestion.

"drain indwelling time ranged from 13-63 days". Such prolonged drain indwelling time itself is a risk factor adhesions with surrounding tissues or omentum. 7.

"drainage tube passes through the abdominal cavity rigidly" How rigidity can be determined? 8. "Liu HM et al. A new clinical strategy for the treatment of difficulty in removing abdominal drainage tube" "Yang Xiaofei, MD, PhD, chief physician, Department of General Surgery, Guizhou Provincial People's Hospital" Remove all names from the manuscript. Keep in authors or acknowledgements. 9.



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Re-review:

I would like to thank the reviewers for carefully reading this manuscript and putting forward many valuable suggestions, I have revised the manuscript according to the opinions of reviewers. The title of this manuscript has been revised as “Ureteroscopic holmium laser transection of the greater omentum to remove an abdominal drain: Our experience of four cases.” . In the revised manuscript, we have removed many sub-titles as much as possible. This unreasonable statement has been removed in the revised manuscript.