

ANSWERING REVIEWERS



September 26th, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5023-review.doc).

Title: Bowel preparation in special conditions

Author: Yun Jeong Lim, Su Jin Hong

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5023

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) Accept (00070916)- This review comprises the actual literature and use of bowel preparation under those particular conditions is discussed in detail. Nevertheless additional discussion of timing and diet would have provided some helpful extra information.

<Authors' Response>

Thank you very much for giving us an opportunity to revise our manuscript. We hope that these changes now make this paper acceptable for publication. The changes are in Yellow in the text, in the revised manuscript. Thank you in advance for your attention to our manuscript.

We add below sentences in the paper.

1. Elderly patients Dietary regimens including clear liquids and low-residue foods during one to four day were helpful before the procedure and recommended in the situation of difficult bowel preparation, for example, being intolerable to ingest large volume of PEG solution. There was no conclusion about superiority between splitting-dose regimens and single dose regimen, However, consumption of the PEG solution less than 5 hours before the procedure is preferred for successful bowel preparation[11-15]. Too early consumption before procedure resulted in inadequate bowel preparation, especially, right sided colon.
2. Children Enemas are useful only in washing out the distal colon. Although dosage for nasogastric administration is 20 ~30 ml per minutes (1.2~1.8 hour) was usually recommended[16], it is important to modulate the speed of administration via nasogastric tube according to situation of examinee.

- (2) Accept (00047097)- Good review.

- (3) Accept (00504538)- An adequate bowel preparation is critical for the quality of colonoscopy. I think that this manuscript is properly described bowel preparation in special situation. Detailed discussion regarding the method of bowel preparation (I.e. timing of preparation, split dosing, diet etc) would be more helpful for appropriate preparation though this manuscript did not focused on this subject.

<Authors' Response>

Thanks for valuable comments. We add below sentences in the paper. In special condition, we should pay attention to the specific condition of individual and modulate the method, dose, timing of preparation rather than won't budge an inch according to general principles of bowel preparation.

1. Elderly patients Dietary regimens including clear liquids and low-residue foods during one to four day were helpful before the procedure and recommended in the situation of difficult bowel preparation, for example, being intolerable to ingest large volume of PEG solution. There was no conclusion about superiority between splitting-dose regimens and single dose regimen, However, consumption of the PEG solution less than 5 hours before the procedure is preferred for successful bowel preparation[11-15]. Too early consumption before procedure resulted in inadequate bowel preparation, especially, right sided colon.
2. Children Enemas are useful only in washing out the distal colon. Although dosage for nasogastric administration is 20 ~30 ml per minutes (1.2~1.8 hour) was usually recommended[16], it is important to modulate the speed of administration via nasogastric tube according to situation of examinee.

Thank you again for opportunity for revising and publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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