Dear Editor,

I am pleased to resubmit a revision of the manuscript in Word format.

Title: Haemorrhoidectomy – Making sense of the surgical options

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Name of Journal: World Journal of Gastroenterology

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The manuscript has been improved according to the suggestions of reviewers. Revisions made to the article are highlighted in blue and red using Microsoft Word track changes.

The following addresses the reviewer's comments:

- 1. We do believe that the title of this manuscript accurately represents the content and aim of this article, hence it remains unchanged.
- 2. A section on the methods has been included, and a table for grade II haemorrhoids has been added.
- 3. Data on the incidence of grade II haemorrhoids has also been included. It has also been mentioned that surgery for grade II haemorrhoids is indicated when there is a failure of less invasive modalities.
- 4. We have made a comment of the article highlighted 'Dis Colon Rectum. 2014 Mar;57(3):348-53' in the paper. While many recent RCTs have been considered, few studies stratify the results according to the grade of haemorrhoids, hence they were not included in out study.
- 5. Title headings have been added to each table as suggested.
- 6. The possibility of performing surgery with only local anesthetic has been mentioned under the section on Doppler Guided Haemorrhoidal Artery Ligation (DGHAL).
- 7. Recent prospective randomized trial comparing DGHAL with SH such as the one mentioned by Festen et al were not mentioned in our paper as the results were not stratified according to the grades of haemorrhoids. As we have commented in our paper,

it is in our opinion that each grade of haemorrhoids be considered as a separate entity ${\bf r}$

when evaluating a surgical option, otherwise results of even randomized controlled

trials may be biased.

8. The significance of the surgical classification and the section on pathophysiology has

been expounded.

9. Conservative treatment options for haemorrhoids were not elaborated on as it is not

the aim of this review. The aim of this paper is to evaluate the current surgical options

for haemorrhoids.

10. Grammatical and punctuation errors have been corrected.

11. The section on the "Surgical options for haemorrhoids" represents the author's

opinions hence no references were made.

Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Sincerely yours,

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