

Answering Reviewers

Authors must provide and upload point-by-point responses to each of the issues raised in the peer-review report(s). This document is closely related to second-decision making for the manuscript, and will be published online, along with your article.

1.1I have reviewed the Peer-Review Report, and full text of the manuscript, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the RCA, of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

Reply: The study introduced the Configuration-Procedure-Consequence three-dimensional quality assessment model to evaluate the prognosis of patients undergoing laparoscopic cholecystectomy. It compared the outcomes and complications between the study group that applied the model and the control group. The results showed differences in postoperative recovery indicators, stress markers, anxiety and depression levels, and complication rates. The implementation of the three-dimensional quality assessment model appeared to improve the recovery process, reduce stress symptoms, and potentially lower complication rates in laparoscopic cholecystectomy patients.

1.2Compared to traditional open surgery, laparoscopic surgery has the advantages of minimal trauma, faster patient recovery, and lower postoperative pain, making it the "gold standard" for treating benign gallbladder diseases. However, medical practice has found that patients undergoing laparoscopic cholecystectomy still have a relatively high incidence of perioperative complications. Process primarily focuses on how to apply the structural attributes to practical activities, while outcome represents the results brought about by the process and aims to evaluate the success of the program. In this study, a total of 98 patients who underwent laparoscopic cholecystectomy were included. The authors aimed to assess the medical utility of the Configuration-Procedure-Consequence three-dimensional quality evaluation model in modulating the prognosis of laparoscopic cholecystectomy patients. The study is overall well performed, and the results are interesting. After a minor revision, it can be accepted for publication. Minor comments: 1. The manuscript requires a minor editing. Some minor language

polishing has to be edited. 2. Figures should be improved with high resolution images. 3. Data in tables should be double checked. 4. Please update the references list.

Reply: Thank you for your comments. I have retouched the full text, increased the resolution of the pictures, and changed the reference list