Format for ANSWERING REVIEWERS

December 11, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14786-review.doc).

Title: Vascular Z-shaped ligation technique in surgical treatment of haemorrhoid

Author: Kazım Gemici, Ahmet Okuş, Serden Ay

Name of Journal: *World Journal of Gastroeintestinal Surgery*

ESPS Manuscript NO: 14786

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

The reviewer who rejects the article

The followings are some questions and comments for the authors: 1. Only 116 patients were operated by the "vascular Z-shaped ligation" technique within the study period (2003 - 2013). Can the authors explain why the recruitment rate is so low with such a commonly encountered surgical problem?

This study was a single surgeon experience. Our hospital is a special hospital so our number of patients low.

2. The number of surgeons involved in this study and their operative experience for this approach was not mentioned in the manuscript.

This study was a single surgeon experience. This technique developed to fix the pathology of the haemorrhoid based on physiopathology. VZSL is a modification of the treatment which applied out-patient. Conventional haemorrhoid surgery had a lot of complication like pain and haemorrhage. This technique was developed to decrease the complication rate and raise the patients comfort.

3. The surgical treatment of piles has moved towards ambulatory setting over the last decade throughout the world. What's the proportion of patients being operated under ambulatory setting in this study?

We prefered to operate these patients in an equipped surgery room

4. Two patients in this study suffered from infective complication after surgery. What sort of infection did they suffer? For DGHAL, fulminant anal necrosis: a severe form of infection to perianal abscess formation: a lesser form of perianal infection have been reported in literature.

Two patients had a non-purulent infection and they treated with oral antibiotics and NSAİD.

5. Though the OT time and post-op morbidities were encouraging, it's difficult to draw a definite conclusion about the clinical application of this approach without comparison to other techniques performed by the same group of surgeons on the same cohort.

Our study compared with other studies in terms of operation time. For example, complications like severe anal sepsis which occured in rubber band or DGHAL did

not occure in our study. We emphasized that our patients had a high patient comfort and low post-operative pain. In literature there is very few study which use VAS in haemorrhoid surgery and also there is no consensus. Clean informations show up if the rate of the studies which use VAS increase.

6. While pain score and satisfaction score were commonly used parameters in post-op evaluation after haemorrhoidal treatment, time to resume normal daily activities would equally be important especially when one investigate the influence of minimal invasive approach on early clinical outcome.

We thought that pain was the most important parameter in order to resume normal daily activities and it is obvious that the patient who had a low postoperative pain, could resume normal Daily activities earlier.

The reviewer who wants minor revision

1) The ABSTRACT should be rewritten. The first sentence of the Method is incomplete "among 138 patients…." as well as the first sentence of the Results "75 of the patients…". Conclusion should replace Result in the last phrase of the abstract section

Fixed

2) INTRODUCTION. The term DGHAL (Doppler-guided haemorrhoidal artery ligation) should be replaced by THD (transanal hemorrhoidal dearterialization; see reference 12 in the paper), that is the new operation performed using the Doppler. Differently from DGHAL, the technique of THD also include the mucosal plication of the prolapse.

Done

3) MATERIAL & METHODS. The technique proposed by the authors is to put the second suture 5-10mm below the first suture. However, my consideration is that if this could work for 3rd degrees haemorrhoids, it could not be enough for 4th degrees prolapsing haemorrhoids. Why did the authors not extend the ligation further down in such a case? Could the authors comment ?

In our study, the distance between the sutures in grade 3 haemorrhoids was approximately 5 mm; while in grade 4 haemorrhoids, that distance is approached up to 10 mm. The patient presented in the article had a grade 4 haemorrhoid and sufficient recovery can be observed in the post-operative image

4) The paper is overall well-written, however it still needed minor language polishing

The reviewer who wants major revision

The Authors report their experience on a novel technique for the treatment of hemorrhoid disease. The technique, that is very similar to rubber band ligation, and less accurate than DGHAL, is employed in patients with II to IV degree hemorrhoids, without apparently any difference based on symptoms' severity. Here are my comments Abstract According to Mat. and Met. 116 patients and not 138 were evaluated. How pain was evaluated should be specified. Report all the results point by point. conclusions that the technique is easily applicable and cost efficient cannot be drawn by the results. Introductio: It should be stated that different treatment are directed towards different grade of HD

In discussion section, we emphasized the different operation techniques which used in different haemorrhoid types

Materials and Methods The description of the technique should be better explained,

better with the help of drawings.
Technique painting was drawed.

If it was previously described, by the authors or by others, should be reported in the References.
We do not find any studies like that in the literature. If you know we can add to the references.
Results: Report the results only once in the Table or in the text.
Results were showed in table.
In Table 1 age should be reported as median and range (better) OR mean and standard deviation.
Done.
There are symptoms described in the text that not corrispond to those on the table (itching, discomfort).
Done
In Tab 3 include VAS ans SS range and eliminate the sentences refereing to the Sto arrivando!
Range numbers were added to the table but we do not find the sentences refereing sto arrivando.
Results in the text Specify symptoms of relapse in all the patients, with grade of HD and timing
Done.
Discussion: The advantages of the technique over rubber band ligation and DGHAL, and ligation without doppler aid are not clear
We need randomize controlled trials to show the advantage of the technique clearly. Our technique had a high rate of patients satisfaction and comfort.
The limits of the retrospective nature of the study, the lack of comparison with other techniques and the short follow-up should be stated
Done
References N12 refers to an abstract. There are many pubblications on the same topic including a metanalysis (Giordano P. Et Al, Colorectal Disease) and a RCT (De Nardi P et Al. DCR)
Done.

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

Sincerely yours,

Kazım GEMİCİ, MD
Dept. of General Surgery

Mevlana University
Konya, Aksinne Mah.
42200-Turkey
Fax: +90-332-320 56 30
E-mail: drkazimgemici@hotmail.com