The Editor in Chief

World Journal of Surgical Procedures

Dear Sir or Madam

We would like to thank the reviewers for their time and effort to review our manuscript (88397). We have read the constructive criticisms from the reviewers and have made the necessary changes.

We would like to re-submit the revised version. The changes made are detailed below:

- **Reviewer #1 stated: Use of mesh in a ventral hernia repair has been generalized because it contributes to a lower recurrence rate. However, as the authors point out, there are severe complications associated with the mesh, and a non-mesh technique with favorable results would be ideal. In addition, a mesh-free technique is also necessary in cases in which it is inappropriate to use mesh, such as in the case of infection. In this regard, the technique presented in this article is of potential clinical utility. Importantly, this article shows the excellent results of modified Rectus Muscle Repair (RMR) in terms of recurrence rate.**

  We would like to thank reviewer 1 for their kind comments. No changes are required in response to these comments.

- **Reviewer #1 stated: There are some parts that are missing in terms of content and descriptions that are not in accordance with the main objective of the article, and need to be revised. With the sentence of "(1) recurrence rates would be inordinately high without mesh for larger hernias and (2) more extensive dissection would result in a greater incidence of seromas and hematomas". It would be better to simply stated that the recurrence and complication rates are unknown and this paper will make them clear, since it would be mistaken as if someone had pointed that out.**

  We thank reviewer 1 for this suggestion. We have followed the advice and eliminated the recurrence rate and seroma/haematoma points from the last paragraph in the introduction. We have replaced them with the statement '*the recurrence and complication rates of RMR are unknown, and this paper will make the clear*'.

- **Reviewer #1 stated: Please introduce about the RMR technique in brief manner.**

We have included a new paragraph in the methods section, paragraph 2. This now gives a brief introduction of the RMR technique.

- **Reviewer #1 stated: The authors asked the readers to refer to the cited literature, but many of them could not access to it and not understand the technique.**

  Thank you for pointing out this omission. We have now included the digital object identified link so that readers can be directed to the electronic version of the paper quoted. This now appears at the end of reference 10 as https://doi.org/10.18103/mra. v11i9.4515

- **Reviewer 1 stated: Please provide a simple illustration of the modified RMR using a transverse section of the abdominal wall, since it was developed by the authors. It is conceptually difficult to understand the technique from a photographic view. Specifically, it is not clear how the attenuated linea alba is treated, i.e., whether the connection between the anterior and posterior sheaths of the rectus abdominis muscle is preserved or resected.**

  We understand that the modified RMR technique may be difficult to understand from the photographic views, and that it requires more clarification. Therefore, we have added a new illustration of the modified RMR using an illustration of the transverse section of the abdominal wall. These appear as figures 1a and 1b.

  We have also included a new paragraph at the Methods section, paragraph 2 that detail the management of the linea alba and the exact placement of sutures through the rectus sheath and muscles en masse.

- **Reviewer #1 stated: The authors state that the anterior sheath of the rectus abdominis, rectus abdominis, and posterior sheath are passed through at a single suture, but I would like to know more about the suture bites and intervals, that are not mentioned in the cited article.**

  In response to the comment by reviewer 1, we understand that the technique requires more clarification. Therefore, we have added a new paragraph that further explain the techniques. This new paragraph appears in the Methods Section at paragraph 3 The new paragraph describes the suture placement in more details, including suture bites and exact suture placement.

- **Reviewer #1 stated: Since one of the characteristics of the RMR is the anterior dissection of the anterior sheath, I would like the authors to explain this as well.**

  In an attempt to better explain the handling of the anterior rectus sheath, we have included a new sentence at paragraph 3 of the Methods section that states "*the anterior sheath is dissected to expose 3-4 cm lateral to the medial*

margin of the rectus muscle; this allows enough space for suturing the muscle as well as incising the anterior sheath, not the muscle."

- **Reviewer #1 stated: In the results section, hernia types were described with the sentence of "These included umbilical hernias (15), para-umbilical hernias (12), supra-umbilical (9) and incisional (12)." Primary hernias are more common in this study. This would likely affect the results as well, so that please provide a table or other explanation of what the hernia size is for each type of hernia.**

  We take the reviewer's point. In an attempt to clarify the results, we have included a new table as suggested by the reviewer. Table 1 now provides a list of each type of hernia and the mean hernia diameter.

- **Reviewer #1 stated: Also, if possible, please show the distance of pre-anterior sheath dissection.**

  In response to the reviewer's comment, we have added a sentence to paragraph 3 of the methods section to state the exact distance of dissection. The sentence states: "*the anterior sheath is dissected to expose 3-4 cm lateral to the medial margin of the rectus muscle*."

- **Reviewer #1 stated: As for the discussion, it is excessive because it describes things that are not directly related to this technique. Particularly, too much explanations in the section on complications due to mesh should be avoided.**

  We understand the point made by the reviewer. Consequently, we have significantly shortened the discussion by removing the section on mesh complications as recommended.

- **Reviewer #1 stated: What I would most like you to know about the technique is how different from the other non-mesh techniques have been introduced in the past. In particular, since Ramirez's component separation technique includes an anterior sheath incision, the modified RMR seems to a modified version of the Ramirez's component separation excluding an external oblique sheath incision. If there are another non-mesh techniques, and I would like to know how they differ from the modified RMR techniques.**

  We appreciate this comment from reviewer 1. In an attempt to clarify the difference from the Ramirez operation, we have included a new sentence in paragraph 3 of the methods section. This new sentence outlines the two differences from the Ramirez operation: (1) in the modified RMR technique, the dissection is not carried far laterally to the lateral border of the rectus muscle and (2) the relaxing incision is in the anterior rectus sheath, not the external oblique aponeurosis as in the Ramirez operation.

We have also taken the liberty to explain the difference from another non-mesh technique - the Keel operation. The major difference in the modified RMR technique is that the suture must engage more than 1cm of rectus muscle and its sheaths whereas the Keel engages the 'fibroaponeurotic' tissue around the hernia.

- **Reviewer #1 stated: A re-operative case was presented in the results. While describing the recurrent site as being near the umbilicus where closure was incomplete in all layers, the patient is described as having a recurrence from lateral to the suture. If the recurrence site was near the suture, tissue tearing could be the cause of the recurrence, and that it's a limitation of primary closure repair. Please describe in your discussion whether this is a limitation or if there are countermeasures.**

  We understand the reviewer's concern. Therefore, we have explained that the recurrence was due to a technical error in the suture placement (error in technique). We have stated this in the last tine of the results.

- **Reviewer #1 stated: Lastly, in the details, please do not repeat the content, as in the last paragraph of the Discussion**

  In keeping with the advice from reviewer 1, we have modified the conclusion to minimize repetitions.

- **Reviewer #2 stated: The described technique may be an alternative for some cases.**

  We would like to thank reviewer 2 for these comments. No changes are required in response to these comments.

- **The editor noted that it is important to ensure all grammatical, syntactical, formatting and other errors are resolved.**

  The authors are all native speakers of English language and confirm that there are no grammatical, syntactical or formatting errors in this manuscript. A professional English language editing company was not engaged as this was not required.

- **The editor in chief commented: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Surgical Procedures, 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.**

  Thank you. No changes are required in response to these comments.

- **The editor in chief commented: Please provide decomposable Figures, organize them into a single PowerPoint file, and submit as "**88397-Figures.pptx**" on the system. If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s).**

  We have now included a single power point file, saved as 88397-figures.pptx, that includes the editable photographs. We have also added the copyright information in the bottom right hand corner.

- **The editor in chief commented: Please provide decomposable Tables and organize them into a single Word file, and submit as "**88397-Tables.docx**" on the system. The tables should be uploaded to the file destination of "Table File".**

  We have now included a single word file, saved as 88397-tables.doc, that includes the information in table 1.

- **The editor in chief commented; Please upload all required files**

  We have included the following files in the resubmission:

  (1) 88397-Answering Reviewers
  (2) 88397-Audio Core Tip
  (3) 88397-Biostatistics Review Certificate
  (4) 88397-Conflict-of-Interest Disclosure Form
  (5) 88397-Institutional Review Board Approval Form or Document
  (6) 88397-Image File
  (7) 88397-Table File

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We hope that these changes satisfy the reviewers and that the revised version is suitable for publication.

Regards

Shamir cawich