

**Review 1:**

The fact that it took during the trial in average less than half the time to close the wounds with the tissue adhesive and more than 50% for the closure with the sutures, as compared to your surgical experience with these two methods (as disclosed in the Methods Section), is somewhat surprising and raises the possibility of unmindful bias during the trial towards the use of the tissue adhesives. Please discuss the significant differences from your previous clinical experience to the current results and of the above-mentioned potential bias.

**RESPONSE:**

- **Our pilot data showed an estimated closure time of 16 +/- 3 minutes using subcuticular closure. During pilot data, we had a smaller subject pool which can account for the inaccurate difference in times.**
- **Our subject pool was much larger, hence was a better approximation of the true time required for skin closure.**

**The FPMRS and resident were responsible for skin closure, and closure times remained fairly consistent.**

**Review 2:**

This is a very interesting study that is well designed, well carried out and in a healthcare system that is driven by financial implications has an important message. The saving of approximately 20minutes per case by using tissue adhesives might have significant implications in the American system but in the UK for example the cost of the tissue adhesive over and above the cost of sutures will bizarrely carry more weight (only people who have worked in the NHS will understand but not agree with this approach). This study is a RCT in an area where there are few and as such provides a useful addition to the literature in this area.

**RESPONSE:**

- **This is a great topic for further research. A study by Sebasta and Bishoff 2003 investigated the cost of suture vs tissue adhesive for skin closure in laparoscopy. Surprisingly, tissues adhesive was significant less (\$197 US) than suture (\$497 US). Study is #16 within reference section of manuscript.**

**Our study was performed within the US, and our findings, along with the above mentioned study, would support the use of tissue adhesive for port site closure from a cost standpoint as well.**

Review 3:

To Authors The study shows the results of the comparison of two procedures for the skin closure in urogynecological robotic surgeries. The Methods are correct for this basic study, even if the number of cases is low. The data to be evaluated are appropriate. The Results are believable and the statistical analysis is accurate. The Discussion is well developed, analyzing the various features of the safety and aesthetic results of the two methods of the skin closure. Ultimately I have only one observation: In the discussion could be useful to add some considerations of the site of the skin suture regarding the uneven distribution of elastic fibers in normal human skin, which can affect the aesthetic results of skin closure. The References are up-to-date, but the numbering of components is necessary. The Tables are clear and appropriate

**RESPONSE:**

- **Langer's lines are distributed in a perpendicular to the axis of the body on the trunk of the body. The 5-6 port sites utilized for these robotic surgeries are oriented parallel to Langer's line, which has been shown to improve over incision healing and cosmetic outcome.**
- **We did not find any abnormal wound healing (i.e., hypertrophic, keloid) within our study.**