

ANSWERING REVIEWERS



June 21, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Intraoperative Endoscopic Retrograde Cholangio-Pancreatography, A Useful Tool In Hands of Hepatobiliary Surgeon

Authors: Ayman El Nakeeb (MD), Ahmed M Sultan (MD), Emad Hamdy (MD), Ehab El hanafy (MD), Ehab Atef (MD), Tarek Salah (MD), Ahmed A. ElGeidie (MD), Tharwat Kandiel (MD), Mohamed El Shobari (MD), Gamal El Ebidy (MD)

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 11343

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

1. The authors should state how were the patients recruited ? Consecutive pts or selected pts- there may be a selection bias of patients for the study.

Consecutive patients with GS and CBD stones at the Gastroenterology Surgical Center, Mansoura University, Mansoura, Egypt, during the period from August 2011 through April 2013 were managed by a single step treatment combining laparoscopic cholecystectomy and intraoperative endoscopic retrograde cholangiopancreatography (ERCP) after completion of LC

2. Page 4: (cefotax 1 gm IV) (1 ml injected SC)- the antibiotic should be spelt as generic And SC should be explained in the text (sub-cutaneously).

A Preoperative and introperative prophylactic antibiotic (cefotax 1 gm IV) was given for all patients. Somatostatin was given routinely to all patient one hour before surgery (1 ml injected SC) to prevent

development of post ERCP pancreatitis.

3. The authors should include definition for Intraoperative ERCP (timing etc.).

Intraoperative endoscopic retrograde cholangiopancreatography (ERCP) which performed after completion of LC in the same set.

4. Who performed the ERCP ? should specify more on the experience of the teams.

Up till now ERCP is mastered by either physicians or radiologists. The hepatobiliary surgical teams in our center have mastering ERCP with more than 7000 procedures from **1991till now**. So, we have continuously the availability to do intraoperative ERCP maneuvers.

5. Why 4 pats in which ERCP was not indicated were not excluded from the study

Exclusion criteria included age older than 80 years, pregnancy, previous history of gastrectomy or coagulopathy.

6. Page 6 the authors should not group the patients into 6 unnecessary groups with Very few patients (ex. group 3=2 pts, group 4=1pt) its better to provide the information without grouping.

Ok

7. How come the authors used SPSS 10 a very old and unrecognized edition of SPSS .

Ok

8. It looks like that the continuous variables (SD)are very high and are not normally distributed I recommend using median and IQR instead of mean (bilirubin 4.1 ± 2.93 , AST 166.4 ± 110.37 ALT 267.05 ± 235.51 - text and Table 2).

Ok

9. The results section should be organized properly: pre-operative, operative including ERCP, Post-operative, short term and long term.

Ok

10. Page 7 bottom "The average net cost in Egyptian pounds" should be reported either in Euro or Dollars.....

OK

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Peter Lakatos', written over a light grey rectangular background.

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