

Dear Editor and Reviewers,

We would like to express our sincere thanks to the reviewers and editor for the suggestions and comments, which were quite insightful and enabled us to strengthen the manuscript. Following a careful discussion of the comments and questions, we addressed the comments and improved the manuscript, as discussed below in the point-by-point response. The amendments are highlighted in red in the revised manuscript to facilitate re-review.

**Manuscript Title:** Robotic-assisted proctosigmoidectomy for Hirschsprung's disease: a multicenter prospective study

**Name of Journal:** World Journal of Gastroenterology

**Manuscript NO:** 84463

### **Replies to Reviewer #1:**

1. Firstly, I would like to congratulate you by the high quality of the submitted paper. The methodology is excellent, and the information provided has a high potential clinical relevance. Maybe I would like you to develop more deeply some aspects in your paper. In the following sections, aspects I consider modifiable or revisable of the submitted manuscript will be highlighted.

#### **Response:**

Thanks for the words of encouragement and helpful comments.

2. In the INTRODUCTION section, we can mention: • Authors mention: "As previously shown, the minimal surgical technique resulted in better early postoperative outcomes than the open procedure". It is not a "minimal" surgical technique, is really a "minimally invasive" surgical technique, equivalent to open surgery and surgery implies colorectal resection and coloanal anastomosis, both mayor surgeries.

#### **Response:**

Thanks for the reviewer's correct and insightful comments, with which we agree. We have corrected "minimal surgical technique" to "minimally invasive surgical technique" in the revised version (Page 4, Paragraph 6).

3. Talking about MATERIAL AND METHODS: • In page 6, authors speak

about colonic irrigation and antibiotic prophylaxis. I think that volume and related to weight antibiotic doses must be provided. • In a similar way, in page 8 intravenous postoperative antibiotics (line 1) must be provided with their names and dosages (are they the employed preoperatively?).

**Response:**

The reviewer makes excellent points. Following the helpful suggestion, we have added a detailed description to this section of the revised manuscript, which now reads: “Colonic irrigation with warm saline (100-200 ml/kg) was used to prepare the colon for 3-7 days. Metronidazole (25 mg/kg, bid) was given orally for 3 days (1-2 days for neonates) preoperatively and one dose of cefoperazone was provided during anesthesia induction.” (Page 6, Paragraph 2) and “Intravenous antibiotics (cefoperazone, 50 mg/kg, bid) were given for the first 3 days.” (Page 7, Paragraph 3).

4. Page 8, statistical analysis. What were the employed statistical test to assess if the variables fulfilled criteria of normality?

**Response:**

Thanks for thoughtful suggestions. We have added relevant explanations to the manuscript to incorporate the reviewer's suggestions and enrich the article's contents. The content now reads: “The Kolmogorov–Smirnov test was used to assess the normality distribution of the data. To evaluate the differences between groups, the chi-square test or Fisher exact test was used to analyze categorical variables, and the Mann-Whitney U test was used to compare continuous variables because the data did not meet the normal distribution criteria.” (Page 8, Paragraph 2).

5. In the RESULTS section: • Postoperative outcomes, page 9: “Two patients suffered from Clavien–Dindo grade III complications, including...”. The described complications are probably grade IIIb (needing under general anaesthesia procedures) as they must be described as “IIIb” in Clavien-Dindo classification.

Response:

This is a remarkably valuable comment, which we found it very helpful. Following the helpful suggestion, we have made a detailed classification of the complications described here (Page 9, Paragraph 2). The content reads: "One patient exhibited a Clavien-Dindo grade IIIa complication (anastomotic leakage treated by resuturing with presacral drainage [13]), and one patient had a Clavien-Dindo grade IIIb complication (omental hernia requiring surgical correction)." (Page 9, Paragraph 2).

6. In the DISCUSSION SECTION: • A last paragraph or sentence mentioning questions remaining to be solved and future lines must be added (the provided one seems to be a little scarce).

Response:

Thank you for this important suggestion. We have made corresponding additions and improvements to this part of the manuscript. The added content reads: "With the further advancement of pediatric robot devices, the reduction in surgical costs, and the improvement in surgeons' skills, the application of robots in pediatric surgery will mature." (Page 15, Paragraph 1).

7. Newly I would like to congratulate authors for their work. Keep working in this way and trying to publish your research.

Response:

Thanks for the positive comments. We will try our best to revise and enhance the manuscript so as to further improve its quality.

### **Replies to Reviewer #2:**

1. It is a well-written, well-designed and interesting a multicenter prospective study as the authors analyze the feasibility and medium-term outcomes of the e robotic-assisted proctosigmoidectomy with sphincter- and nerve-sparing surgery for Hirschsprung's disease in children of all ages. The introduction has the rational, the study design is appropriate and the results are well interpreted.

Response:

We sincerely appreciate your words of support and positive comments.

Many thanks and looking forward to hearing from you.

Best regards,

Shao-tao Tang