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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3146

Title: Can trans-anal reinforcing sutures after double stapling in lower anterior resection reduce the need for a temporary diverting ostomy?

Reviewer code: 00227446

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-04-11 20:45

Date reviewed: 2013-04-23 22:33

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

this paper addresses an important issue which is of interest to most surgeons. Anastomotic breakdown carries a major morbidity and mortality. Any procedure that attempts to reduce this is welcome. The authors suggested that trans-anal reinforcing sutures after double stapling following low anterior resection may reduce the need for a temporary diverting stoma which is the standard option for the majority of surgeons. To demonstrate this they compared a group of patient where a selective policy of stoma formation(30%). The second group all patients underwent this new technique, 12.8% had a covering stoma. Anastomotic breakdown was similar in both groups. This is a well written paper and the authors should be commended for this work. However I have few concerns and points that they need to clarify The described technique is not easy. Any learning curve? Any complications? Any risks or pitfalls that should be avoided? How easy to place these sutures particularly anteriorly particularly in a male patient? The authors mention in general terms their selective policy of forming a covering stoma. However, It is not clear from the paper those patients who had a covering stoma why they had it?



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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3146

Title: Can trans-anal reinforcing sutures after double stapling in lower anterior resection reduce the need for a temporary diverting ostomy?

Reviewer code: 00041589

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-04-11 20:45

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This paper raises an important issue regarding rectal surgery and suggests a technique that I find very interesting. However, I remain convinced that trans-anal reinforcing sutures can't replace the routine defunctioning stoma. The benefits conferred by a protective stoma have been already demonstrated. It reduces the rate of clinically relevant anastomotic leakages and has been thus recommended in low anterior resection for rectal cancer. In my opinion, the selective use of a diverting stoma based on the subjective assessment at the time of surgery is inaccurate. The authors should better explain and justify the choice they make. It would have been relevant to study the number of anastomotic leaks (clinical or not) regarding patients with ileostomy. Considering that eight patients have presented a fistula, the authors should have indicated if these patients had had an ileostomy or not. It's true that temporary loop ileostomy leads to an adverse effect on quality of life, but early stoma closure after proctectomy is possible for certain selected patients and might reduce both stoma-related morbidity and patient discomfort. The authors should have envisaged this option in the discussion.



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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3146

Title: Can trans-anal reinforcing sutures after double stapling in lower anterior resection reduce the need for a temporary diverting ostomy?

Reviewer code: 00041581

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-04-11 20:45

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Dear authors The reasons I reject this paper for publication in WJG are the same that the authors mentioned as the limitations of their study at the end of their manuscript. First there is a great selection bias in choosing patients to do a covering stoma and second the study is non-randomized. Both reasons greatly jeopardize the results. I think the design of this study should have been as follows: First, all patients who would have a covering stoma for any indication that is agreed upon in the surgical community, such as ischemic edges, anastomosis under tension and incomplete doughnuts, should be excluded. Then you randomize the remaining patients, in whom there is no indication for a stoma, into two groups: one with and the other without the reinforcing stitches and compare the results in both groups. Moreover, I believe that the stitch that the authors described will not be securing the dog ear which is the most vulnerable point in the anastomosis.