Author's response to reviews

Title: Increased rate of cholecystectomies performed with doubtful or no indications after laparoscopy introduction: a single center experience.

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Version: 3 Date: 10 March 2013

Author's response to reviews: see over
Dear members of BioMed Central Editorial,

as requested, here you will find attached a point-by-point response to the concerns arisen after the reviewing process of manuscript titled “INCREASED RATE OF CHOLECYSTECTOMIES PERFORMED WITH DOUBTFUL OR NO INDICATIONS AFTER LAPAROSCOPY INTRODUCTION: A SINGLE CENTER EXPERIENCE”. All the suggested modifications have been performed and highlighted in the text. The paper has been edited according to your guidelines and both acknowledgements and authors’ contributions have been added.

If any further concern arise, we will promptly address every request as soon as possible.

With my best regards.

Professor I. Di Carlo  

March 10, 2013
RESPONSE TO REVIEWER 1

1. The lack of correlation among data reported in Table 1 and those regarding the whole population of study as reported in the paper has been verified and amended, with special regard to median time, median postoperative stay and median overall hospital stay. The mistake was due to a mere shift during the editing process.

2. As requested, Figure 2 and the results section have been modified according to your suggestions. In details, all the section has been shortened and make easier to understand by reducing the numbers of subgroups; the flow-chart shown in Figure 2 has been consequently re-arranged. Data have not been modified.

3. As suggested, the discussion has been shortened by eliminating redundant sentences and the repeated comparison with the open technique.
RESPONSE TO REVIEWER 2

1. As requested, the following statement is has been removed because considered irrelevant to the subject of the study: *All patients admitted for trauma underwent focused assessment with sonography for trauma (FAST) performed in the trauma room, in order to timely diagnose potentially life-threatening hemorrhage and to help determine the need to transfer the patient to the operating room.*

2. The reason why we decided to include patients who were diagnosed after FAST ultrasound is related to the fact that we believe it is remarkable that 78 patients (that is 9.38% of the cohort) were admitted and subsequently operated on only due to presence of gallstones diagnosed incidentally at FAST, without history associated symptoms. According to us, this data highlight the increase in the amount of operation depending only to an incidental diagnosis. Since the admission for trauma is a relevant concern at our emergency department, we believe this data is quite important. Of course, all patients were operated on only at the resolution of the main cause of admission, often months later, but always in absence of symptoms or other indications.

3. Radiological criteria for diagnosing acute cholecystitis have been broadened by including gall bladder wall thickness and thick wall contracted gall bladder.

4. Conditions that were considered correct indications for surgery have been broadened as well by including, as suggested, Bouveret syndrome, complicated forms (perforation and gangrene) and Mirizzi syndrome. As the reviewer would have noticed, all but the Bouveret syndrome had been anyway taken into account in the study design and reported in the results.

5. The discrepancy between the table 1 and the results (number of female pts) has been amended. It was related to an editing mistake.

6. As requested, the following sentence has been removed because considered irrelevant to the aim of the study: *The classic approach to gallbladder disease involves access to the
abdominal cavity through a wide incision that is associated with a long postoperative stay with related pain and disability [12]. Laparoscopic introduction has been responsible of the reduction of the most important consequences related to laparotomy [13]. These benefits during the last two decades have resulted in increased adoption of this approach, which has rapidly become the gold standard in management of gallbladder diseases [13].

7. We experience a lack of studies dealing with the doubtful indications in performing laparoscopic cholecystectomy, in absence of relevant rates published in the current literature. Just in order to fill this gap the study design of this paper has been arranged.

8. We agree with the fact that increased number of laparoscopic cholecystectomies is related to an increasing in minimal access experience and demand of patients for key-hole surgery, with no associated modifications of the standard indications. This aspect has been highlighted in the conclusions. Moreover, the sentence “therefore, the explanation of this trend could be only the broadening of indications for performing such an operation” has been removed from paragraph 1, being limitative as suggested by your revision.

9. As requested, paragraph 2, 3 and 4 have been removed.

10. As requested, paragraph starting with “Given the large diffusion of laparoscopy even for the most challenging operations [26, 27]...” has been removed.

11. As suggested, given the great importance of complications arising in patients operated on without indications, we have specified in the discussion that no patients among those involved in this study experienced complications related to the procedure. [It has been proven that the risk of major bile duct injuries is still greater with laparoscopy rather than with the open approach [9, 31]. By collecting data among patients operated on with doubtful of no indications, we did not detected any complications directly related to the procedure, but it is possible to suppose that an irresponsible increase in useless laparoscopic procedures could also result in an increase in bile duct injuries or other complications].
12. As requested, the following sentence has been removed: [In conclusion, laparoscopic cholecystectomy is indisputably the gold standard in gallstones treatment, although open cholecystectomy still plays a role in complicated cases. Conversion should never be considered a breakdown, but rather a careful choice to safeguard the patient’s life and safety, that should always take priority over cosmesis].