Author's response to reviews

Title: Outcomes and cost analysis of laparoscopic versus open appendectomy for treatment of acute appendicitis: 4-years experience in a district hospital.

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Version: 3 Date: 6 March 2014

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Version: 2 Date: 06 March 2014

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Dear Ms. Costoy,

Thank you for considering the revised version of our manuscript entitled "Outcomes and costs analysis of laparoscopic versus open appendectomy for treatment of acute appendicitis: 4-years experience in a district hospital" for publication in BMC Surgery. We are grateful to the referees and the Editor for providing ideas and corrections that will improve this manuscript. We have taken into account these comments and have addressed the reviewers’ concerns point by point in the following pages. Regarding the additional editorial requirement needed, the following changes were made to the revised manuscript.

1. The English of the manuscript was improved by Goffredo Arena with the help of native speakers with whom he works at the Department of Surgery, McGill University, Montreal, Canada.

2. We have included in the text (Methods) a statement of ethical principles followed and approval by the Ethics Committee. We have included the full name of the Ethics Committee - Ethics Committee of ASP of Ragusa. In our health care system, the ASP (Azienda Sanitaria Provinciale), also called ASL (Azienda Sanitaria Locale), is the local health authority.

3. We reformatted the tables in accordance with the style of the journal.

In addition, the following changes were made to the revised manuscript:

1. We reformatted the manuscript in accordance with the journal style.

2. The use of abbreviations in the abstract was minimized, in accordance with the journal style.

3. In “Table 1” were inserted for each group, data on previous abdominal operations. We believe it is important that the analysis of this variable should be expressed in the table.
We hope all these changes fulfil the requirements to make this manuscript acceptable for publication in BMC Surgery. Please don't hesitate to contact me if you have any questions or further concerns regarding the manuscript.

Thanking you in advance, we look forward to hearing from you at your earliest convenience.

Best regards,

Vincenzo Minutolo
Response to the Reviewer Piergiorgio Danelli’s comment:

1. The main concern of the reviewer is that, referring to “Methods”, it would not be correct to say that any selection bias is eliminated because the choice of surgical approach was made by surgeons a priori and not according to the characteristics of the patients, but it would be more correct to say that the bias on choice of treatment is minimized, as we say in the “Discussion” section.

   - We agree with the Reviewer. In the “Methods” section, referring to the selection bias, we have replaced “is eliminated” with “is minimized”. The following sentence is now present in the “Methods” section: “Selection bias was minimized because the choice of the surgical approach was not determined by the characteristics of the patient”.

2. The reviewer expressed a minor criticism about the repetition of the sentence “We performed a retrospective review on the charts” at the beginning of section “Methods”.

   - We agree with the Reviewer. The sentence “We performed a retrospective review on the charts” was eliminated. We have rewritten the beginning of the “Methods” section, as follows:

   “We performed a retrospective review of all patients who underwent appendectomy at the Division of General Surgery of Civil Hospital of Ragusa, Italy, between May 2008 and May 2012. The study was performed in accordance to the ethical principles of the Declaration of Helsinki and has been approved by the Ethics committee of ASP of Ragusa (local health authority).”

3. Referring to “Results”, the reviewer expressed a criticism about the sentence “Regarding the intraoperative complications was detected a bladder lesion in a patient group open”. The Reviewer thinks that is correct to say, “Regarding the intra-operative complications, a bladder lesion was detected in the open group”.

- We agree with the Reviewer. The sentence “Regarding the intraoperative complications was detected a bladder lesion in a patient group open” was replaced with “Regarding the intra-operative complications, a bladder lesion was detected in the OA group”.

4. We are grateful for the reviewer’s comment numbered 4, which provides an important suggestion for this manuscript. The Reviewer highlights that there is not a description of the open appendectomy technique used in “Methods”. We think that this is a very useful tip. In particular, it may be important to know the type of incision used and the technique of ligation of Appendix performed. In fact, they could affect the outcomes of the procedure. In “Methods”, we have included a description of open appendectomy technique used, as follows.

- “All the appendectomies of the open group were performed with McBurney’s incision by other surgeons who preferred this approach a priori. After ligation and division with scissors of the mesoappendix, the base of appendix was ligated with an absorbable tie and the appendix was divided with a scalpel. The appendiceal stump was inverted within the lumen of the cecum using a purse-string suture. Abdominal incision was extended when deemed necessary by the surgeon.”

5. We sincerely thank the reviewer for his valuable time and insights into this manuscript. We feel that the comments given have provided us with the opportunity to improve our manuscript.
Response to the Reviewer Gaetano Di Vita’s comment:

1. The Reviewer suggests that the confidence intervals should be included in “Table 2” and not in the text. We agree with the Reviewer. The suggested change may make it easier interpretation of the statistical analysis. The following changes were made to the revised manuscript.

   - The confidence intervals were included in “Table 2” and removed from the text, as required by reviewer. In addition, we included in “Table 2” the difference between the two groups for each variable, and we replaced the “number of postoperative complication” with the “rate of postoperative complication”. In our opinion, these further changes make it easier to interpret the confidence intervals.

2. The Reviewer suggests that data from “Table 3” may be described in the text. We agree with the Reviewer. This change can focus more attention on the comparison between the two groups regarding the incidence of postoperative complications. However, we believe useful to reinforce the message of the study that the “Table 3” remains present. Data from “Table 3” were described in the “Results” section of the revised manuscript, as follows.

   - “There were five wound infections (all in the OA group), 3 intra-abdominal abscesses, all treated conservatively (2 in the OA and 1 in the LA group), 2 cases of prolonged diarrhea (1 in the OA group and 1 in the LA group), 4 cases of prolonged ileus (1 in the LA group, 3 in the OA group), 1 case of pleurisy (OA group), 1 case of urinary tract infection (group LA) (Table 3). There were significant less wound infections in the LA group (p Value 0.009). There was no statistically significant difference between the two groups in the rate of intra-abdominal abscess (p Value 0.563), prolonged diarrhea (p Value 1.000), prolonged ileus (p Value 0.303), pleurisy (p Value 0.395), and urinary tract infection (p Value 1.000). (Table 3).”
3. The Reviewer was concerned about the quality of English of the manuscript. In agreement with the Reviewer and as required by the Editor, we have improved the English of the manuscript with the help of native speakers.

4. We are very grateful for the valuable time and effort spent by the reviewer on our manuscript. We have greatly appreciated the comments provided, and we believe that they can significantly improve our manuscript.