Author's response to reviews

Title: The Efficacy of Intraoperative Methylene Blue Enemas to Assess the Integrity of a Colonic Anastomosis

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Author's response to reviews: see over
Dear Dr. Kouremenou,

Thank you for your interest in our work. I believe the manuscript has been revised to now conform to the format requested. The competing interests section has been added, and the IRB approval statement made more prominent.

Of the reviewers, Francis Seow-Choen, Werner Hohenberger and Jan Kulig accept the manuscript without revision.

To address the comments of Charles Cha:
1. The table lists all the similar studies we could find in the literature, so that there are no others available to mention.

2. The wording has been changed to reflect the definition of a leak based on clinical or radiographic criteria which were combined with a therapeutic approach that presumed a leak. “Postoperative leaks (POL) are defined either clinically as a constellation of fever, abdominal pain/peritonitis, and leukocytosis or radiographically, combined with the institution of treatment as if the patient had a leak (such as the creation of a diverting ostomy).”

3. The additional explanation for a postoperative leak is accepted and the following sentence was added to the discussion: “So while an anastomosis may initially be water tight, if it is ischemic (or becomes so from tension or other factors) a POL may subsequently develop.”

We are grateful for the acceptance our work has met. Thank you for allowing us to share it with others.

Sincerely,

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