Author's response to reviews

Title: Three-port versus four-port laparoscopic cholecystectomy in acute and chronic cholecystitis.

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Version: 2 Date: 12 March 2007

Author's response to reviews: see over
Letter to Reviewers;

Dear reviewers thank you for the constructive comments on the paper

Reviewer 1; Mr. Andreas Shamiyeh

1. We added the following underlined statement in the discussion as you highlighted about the study being retrospective single centre.

   In this retrospective single center non randomized review we compared the safety and the advantages of three-port LC in AC and CC in a large comparative study.

2. The paper of Poon cited (6). Poon et al in his paper published in surgical endoscopy as a randomized controlled trial was on elective patients using two ports technique and in his conclusion stated that two-port LC is safe and has a similar outcomes compared to the conventional four-port LC in selective cases. His inclusion crieteria for his randomized trial was based on elective cases. None of his cases included acute cholecystitis (Refer to table 1 of his paper). In our manuscript we indicated that the procedure was performed on acute cholecystitis before;

   (In fact the procedure was practiced on cases of acute cholecystitis as well but not reported\textsuperscript{15}) in the first paragraph of discussion and we cited paper no. 15 in references which was a comment on Surg. Endoscopy by Dieter et al 2005 on Trichac paper which was published in 2003 in the same journal.

3. The week point of the paper may be the patient selection. The patient made his own choice…..etc

   Our comment on this issue that it is true that there may be an element of poor patients selection, the reason why we used this protocol of giving the patient the choice of procedure was based on the advise from the ethics committee and the training body as the three port technique not the standard procedure for LC the reason why some patients preferred the four port technique was probably based on the patient’s knowledge that three port technique is a new technique and therefore some didn’t want to go through the experience of a new procedure. We included the following underlined statement in the new manuscript patients and methods section (After both procedures were explained in details, patients were given the option of choosing the operation to be performed by either three or four port laparoscopy techniques according to the advice given by the ethics committee and the training body given the fact that three port LC is not the standard procedure for gall bladder stone disease).
Reviewer 2: Mr. Michel Suter

1. This issue was raised by the first review and here will re address our view about it:

   Our comment on this issue that it is true that there may be an element of poor patients selection, the reason why we used this protocol of giving the patient the choice of procedure was based on the advise from the ethics committee and the training body as the three port technique is not the standard procedure for LC the reason why some patients prefer the four port technique was probably based on the patient’s knowledge that three port technique is a new technique and therefore some didn’t want to go through the experience of a new procedure. We included the following underlined statement in the new manuscript patients and methods section

   (After both procedures were explained in details, patients were given the option of choosing the operation to be performed by either three or four port laparoscopy techniques according to the advice given by the ethics committee and the training body given the fact that three port LC is not the standard procedure for gall bladder stone disease).

2. The duration of hospital stay

   Comments: It is true that the hospital stay in our series is longer than one should expect and this mainly due to the fact that our patients were admitted a day before surgery during the time the study was conducted (1999-2003) however this has changed since the fast track protocols are introduced we included the following underlined statement in the revised manuscript discussion section

   (Although the length of hospital stay is longer than expected for both groups due to the fact that patients were admitted one day prior to surgery at the time of conducting the study. The introduction of the three-port technique improved the length of hospital stay, adding another cost-effective benefit to the procedure; looking for possible causes for this reduction we found a strong correlation between the amount of opiates consumed and the length of hospital stay which may in part explain this reduction)

3. The difference in opiates consumption is relevant or not

   Response: The concerns raised are valid however the amount of analgesia consumed by patients were given by the nursing staff after being initially prescribed by the treating doctors according to the verbal rating scale which may in part avoid doctor-related factors. When we looked at the factors associated with this increase in hospital stay the only factor we found to be associated with the length of hospital stay using the bivariate correlation was the amount of pethidine consumption in both groups as stated in the results section.

4. There was no fourth port needed to be added in any of the three port group. The following underlined statement is added to the revised
manuscript first paragraph of results section. *(None of the three-port LC group needed a fourth port to finish the procedure).*

5. Comments on limitation of the study; the following underlined statement is added in the discussion section of the new manuscript as you highlighted about the study being retrospective non randomised.

*In this retrospective single center non randomised review we compared the safety and the advantages of three-port LC in AC and CC in a large comparative study.*

And in the conclusion we added the following underlined statement

*(In conclusion, in spite of the limitations of our study being a retrospective review, we found that the use of three ports in LC did not affect the procedure’s safety, conversion rate, and operating time when used in AC and CC.)*

Reviewer 3; Seenu vuthaluru

1. Though the authors say that verbal pain scale was used, it may make their case stronger, if they can show the pain scale chart for both the groups and see whether there is any statistical difference.

Response: Significant association between the pain scale and the number of ports used the following statements and a new table was added to the revised manuscript in the results section

*The average verbal pain scale of three port LC patients was found to be significantly lower than four port LC patients p=0.003. Table2.*

2. The authors state that patients were discharged as per the hospital discharge policy. It will become more clear for the readers if authors state exactly the criteria for discharge from hospital for patients undergoing cholecystectomy.

Response: The following statement was added and referenced to the policy used.

*Discharge from hospital was made as a joint decision between nursing staff, the surgical team and patients using an early discharge planning rating scale applied by the department of surgery in the hospital.14*

3. There is need to tabulate the data separately for patients with acute cholecystitis undergoing surgery and compare both groups

Response: There was no difference in outcome between acute and chronic cholecystitis patients in outcome; table 4 was added to the new manuscript.

*There were not significant differences between the two groups of procedures as well as between acute and chronic cholecystitis patients Table 4.*
4. Discretionary Revisions (which the author can choose to ignore)

It will be interesting to note what has been the effect of this study on the day to day practice of the authors with regard to cholecystectomy. Based on this experience, are the authors routinely practicing 3 port technique? If so, the authors may mention the same in their conclusions.

Response;
The procedure is in routine practice in our institute, the following statement was added to the conclusion

*The introduction of the three-port technique, which is still in routine practice in our institute, meant patients, needed fewer painkillers and shorter hospital stays; other advantages include fewer scars and more cost savings. However this technique has its own limitations; at present we recommend it to be only practiced by surgeons experienced in laparoscopic techniques.*

Thanks and looking forward to hear from you.
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