Author’s response to reviews

Title: Approach via a small retroperitoneal anterior subcostal incision in the supine position for gasless laparoendoscopic single-port radical nephrectomy: initial experience of 42 patients

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Version: 5 Date: 23 January 2014

Author’s response to reviews: see over
Dear Editors,

We are submitting a revised manuscript entitled "Approach via a small retroperitoneal anterior subcostal incision in the supine position for gasless laparoendoscopic single-port radical nephrectomy: initial experience of 42 patients" for consideration of publication in BMC Urology (MS: 3185748501130290).

We revised our manuscript according to the comments by reviewers. We basically agree with the comments by reviewers and revised our manuscript according to their comments. Responses to each reviewer are described below.

According to the Editor`s advice, we revised our manuscript in terms of English writing and revised parts were highlighted in red.

We appreciate your review of the revised manuscript, and we look forward to hearing from you at your earliest convenience.

Tatsuo Morita
Responses to referee #1

Thank you for your review of our manuscript.
In accordance with your comment, we have changed the following text in the Discussion from:

"Present study included patients in whom GasLESSRN could be done in the flank position because the purpose of the present study was to evaluate the feasibility and safety of the technique itself of RASI-GasLESSRN in the supine position. Further study is therefore needed to confirm our present results in RCC patients considered suitable for supine positioning"

to

"Although the present study demonstrates the feasibility and safety of the technique of RASI-GasLESSRN in the supine position, further study is required to confirm the present results in RCC patients considered suitable for supine positioning rather than flank positioning."
Responses to referee #2

We appreciate your review of our manuscript.

1) Why did you perform RN for AML? Sometimes, it is difficult for us to differentiate AML from RCC in small renal mass. If you perform PN for small AML suspicious of RCC, all urologist will agree with your operation.

In our AML case, we performed RN because preoperative CT did not show fat component in hypervascular renal mass. Pathological examination of resected specimen revealed AML with minimal fat component. Thus, it was very difficult to differentiate AML from RCC preoperatively. This is the reason why we performed RN for AML.

2) If you perform aspiration of fluid in case of hydronephrosis, you may perform RN in smaller incision. Please comment.

We performed RN in 2 cases of not so severe hydronephrosis with suspected malignant lesions. Thus, we did not think that urine aspiration would be helpful for RASI-GasLESSRN in terms of skin incision length. We agree with your comment, in case of severe hydronephrosis, that urine aspiration is helpful for GasLESSRN.

3) Please let me know the risk factor for operation time and bleeding. Body mass index? Age? If possible, it would be better to perform uni and multivariate analysis.

According to your comment, we examined the risk factors that have affected operation time and bleeding using multiple regression analysis. When BMI and age were tested by multiple regression as risk factors of operation time or bleeding, only BMI remained significant risk factor (p<0.0008). Thus, we could conclude that it is very important to evaluate the BMI as a risk factor for operation time and bleeding. Thank you for your comment.

4) We revised our manuscript in terms of English writing and revised parts were highlighted in red.
Responses to referee #3

Thank you for your comments. We appreciate your review of our manuscript.