Author's response to reviews

Title: Supracervical hysterectomy versus total abdominal hysterectomy: perceived effects on sexual function

Authors:

Jyot Saini (jsaini@iupui.edu)
Edward Kuczynski (kuczye01@med.nyu.edu)
Herbert F. Gretz III (hfgliii@aol.com)
E. Scott Sills (dr.sills@ivf.com)

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PDF covering letter
Ms. Ruth King
Office of the Editor
BioMed Central
BMC Womens Health
Middlesex House
34-42 Cleveland Street
London W1T 4LB
UNITED KINGDOM

Atlanta, 13th December 2001

Dear Ms. King:

Please find attached a copy of our manuscript “Supracervical hysterectomy versus total abdominal hysterectomy: perceived effects on sexual function”, which has been extensively revised in accordance with your referees’ suggestions. A summary of specific changes follows:

• It is true that our study questionnaire was locally developed, but we do not agree that it “lacks internal and external validation”. Unlike questionnaires used in numerous prior studies, ours was created with input from a multidisciplinary task force and was pre-tested at a large urban medical center (line 114-118).

The reason that we were unable to employ a “previously developed, tested and reported questionnaire” is that, regrettably, the details of such questionnaires are not described in any of the published studies of post-hysterectomy sexual function.

• We believe women over age 45 may remain sexually active, and therefore patients above this cut-point were not empirically excluded from our research. Indeed, previous investigators (Kilkku et al, 1983) also used an upper-age limit of 60 when post-operative sexual function was studied, and our work was influenced by this design. A recent, large prospective report of hysterectomy and sexual function (Rhodes et al, 1999) also included a sub-group of women age >50.

• The referee is correct that the questionnaire response rate should be presented in our work, and this is clarified in the abstract at line 34-35 and in the text at line 138-140. We also identify this important statistic in our Figure I. Data spread (±SD) for patient age, length of stay, and uterine mass are provided in Table II.

• Our rationale for collapsing responses into two categories (binomial configuration) as shown in Table IV is given at line 168-169. This receives further attention indirectly at line 232-237.
• The original manuscript was unfortunately confusing regarding the conclusions of our work. However, the data tables present our consistent findings and we have modified the text to articulate these findings more clearly. Specifically, we found our TAH patients experienced a worse post-hysterectomy sexual function than the SCH cohort. This was true for intercourse frequency, for orgasm frequency and for overall sexual satisfaction ($P \leq 0.03$).

• We welcome the referee’s excellent comment regarding inclusion of odds ratio/confidence interval for our data, and this suggestion has been incorporated into Table IV.

• Re: questionnaire response rate [see point #3, above].

• The reviewer observed that we initially failed to discriminate “ever users” and “current users” of HRT, and we have corrected this omission at line 152.

• Given the amount of data collected in this work, we did not feel it would be helpful to eliminate two tables of this information which would then require a full textual explanation in the narrative. However, we agree that there were too many tables and have reduced this number from 5 down to 4.

• We have removed the opening paragraph of the discussion at the request of the referee. Additionally, our reference list has been thoroughly corrected.

We appreciate the thorough review of our work by Prof. Mousa, and we are especially grateful for the kind extension granted which permitted the changes outlined above. After incorporating these suggestions from your editorial team, we feel this paper has been substantially strengthened and hope you will agree. If there are other questions about this manuscript, please do not hesitate to contact me.

Sincerely,

E.Scott Sills, M.D.
Georgia Reproductive Specialists, LLC

404-843-2229 ext.111
dr.sills@ivf.com