Author's response to reviews

Title: Vasectomy Surgical Techniques: A Systematic Review

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PDF covering letter
**Responses to reviewers’ comments**

**Ronald Reynolds**

1) Comment 1: Based on our review open-end vasectomy does not seems to be associated with adverse events but there is no strong evidence that this approach decreases the risk of post-vasectomy pain. We believe our conclusion regarding this point is in line with the available evidence.

2) Comment 2: Moss was correctly identified as a gynaecologist in relevant Tables (6, 18, and 22).

**Kavita Nanda**

**Major Revisions**

1) Comment 1: The type of outcome was already specified: occlusive effectiveness, contraceptive effectiveness or post vasectomy complications occlusive. We extended the sentence to make it more explicit: ... occlusive effectiveness -based on semen analysis (SA)- and contraceptive effectiveness -based on pregnancy- … We also added that the type of technique was ANY different surgical techniques.

2) Comment 2: We added a comment in the discussion regarding the limits of case series with historical controls (which are basically the same, either published in the same paper or in two or more papers over time).

3) Comment 3: Effectiveness was assessed with failure risk so both words need to be used in the manuscript. However, we added a sentence in the methodology section (data synthesis) to explain that occlusive and contraceptive effectiveness are based on the risk of failure assessed with either semen analysis or pregnancy. We carefully revised all mentions of “effectiveness” and “failure” throughout the manuscript and added the terms occlusive or contraceptive as appropriate.

4) Comment 4: “especially when” was deleted.

5) Comment 5: Fl alone was added.

6) Comment 6: a note (* Number of subjects analysed / total number of subjects enrolled in the study) was added in Tables 2, 6,10,14,18 and 22.

**Minor revisions**

1) Numbers in tables and those in text and abstract were verified and corrected in the text.

2) Occlusive effectiveness is defined (see response to comment 3).

3) “Others” were corrected.

4) “Unable” was corrected.

5) “variation” was corrected.

6) “SA” was defined only with the first “semen analysis”.
7) References are in the correct format.
8) Before - after trial defined in table 2.

Discretionary revisions

Although cost, acceptability, and regret would be interesting outcomes to look at, we did not collect this information. The only data which could be a proxy to acceptability is from Sokal’s trial on NSV showing a similar time to resume sexual intercourse with standard incisional technique and NSV.

Note: In order to help reviewing the revised version, all the changes in the manuscript have been highlighted in yellow. Changes in the additional files were minor and were not highlighted.