Author's response to reviews

Title: Single-Incision Thoracoscopic Surgery for Primary Spontaneous Pneumothorax

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Editors-in-Chief

Vipin Zamvar, Royal Infirmary of Edinburgh
David Taggart, John Radcliffe

Dear Dr. Zamvar and Taggart;

Please find the enclosed manuscript entitled, Single-Incision Thoracoscopic Surgery for Primary Spontaneous Pneumothorax, for your consideration for publication in the Journal of Cardiothoracic Surgery. All of the authors have seen and approved the content of the final draft, and we believe this report is suitable for your journal and will be of interest to your readers. We have no affiliation with, or financial involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in the manuscript. This manuscript has not been submitted to, or published in any other scientific journal.

To Dr. Vipin Zamvar

Reviewer(s)’ Comments to Author:
The authors compare single incision thoracoscopic surgery versus three-post thoracoscopic surgery for treatment of spontaneous pneumothorax.

Question for the authors: Operating through a single port must make the procedure technically more difficult. Don't the instruments come in the way of each other and the thoracoscope?

Answer: In the first patient, we found that the instruments interfered with each other, so we modified our instrument to include a 5-mm trocar and a 30-degree thoracoscope. We slightly extended the intercostal muscle along the upper margin of the rib without extension of the skin. As we advanced our instruments into the pleural cavity, the thoracoports were withdrawn from the wound, thereby affording more space in which to perform our procedures.

To Dr. Kozo Nakanishi

Reviewer(s)' Comments to Author:

Reviewer: Kozo Nakanishi

Reviewer's report:

The authors describe effectiveness of a technique to perform thorascopic stapled
bullectomy by use of roticulated instruments through three access ports in a single incision located the thoracic wall. The following are some points for the author to consider:

1. What is the difference between this SITS technique and uniportal VATS? There are many reports about thoracoscopic surgery known as “uniportal” or “one puncture” technique. We often insert two or three instruments through a two- or three-centimeter incision in ordinary VATS.

   Answer: Actually SITS is very similar to uniportal VATS.

2. Is the volume of SITS group statistically small to determine the effectiveness of the new surgical method? The number of SITS is ten and three-port VATS is twenty. Why is the number of SITS cases so small compared to those of three-port VATS? The indications and selection criteria for SITS should be described.

   Answer: In our series, patients were allowed to choose between the two procedures after having been informed about the differences between the two methods as well as the surgical risks and potential complications associated with each method. The majority of patients chose to undergo VATS, probably because of the novelty of the SITS procedure. The indication for surgery and the selection criteria for SITS were the same as those for VATS.

3. Why were more left-sided pneumothoraces than right-sided treated in the author’s
institute?

Answer: Honestly, we do not know. Perhaps the higher incidence of left-sided pneumothorax was a function of chance as the total patient number in our series was very small.

4. How long are all patients followed? This study was made during 4 months in 2009. It has nearly passed two years. It also needs to show at least mean follow-up period and surgical results, such as the recurrence rate, after SITS and three-port VATS.

Answer: All patients were followed up for at least 3 months. Beyond that period, patients were instructed to return to our outpatient clinic if they had symptoms of pneumothorax. None of the patients returned to the clinic after the last follow-up examination, which implies that the recurrence rate was 0% in both groups of patients. We do not think it is necessary to show our surgical results because the patient number in our series is too small to accurately reflect the rate of recurrence.

5. If this is the first report of SITS technology, the approval of the institutional ethics and description of patients consents should be described.

Answer: Thanks for the suggestion. We have amended the manuscript to include that all patients provided written informed consent and that the study was approved by the Institutional Review Board of the China Medical University.

6. Which group did two patients who had air leaks belong to?
Answer: Both of the patients who had air leaks were in the VATS group.

7. “…With the ling deflated, …” in line 14 of page 5 may be “…With the lung deflated, ….”

Answer: Thanks for the suggestion. We have corrected this statement.

With best regards,

Sincerely

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Enclosures