Author’s response to reviews

Title: Endoscopic vacuum therapy for postoperative esophageal leak

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Dear Editor:

We would like to thank you and the reviewers of the BMC Surgery for taking the time to review our article. We have responded to each of the Reviewers’ comments and have incorporated all the modifications suggested into the revised manuscript. Our responses to the comments are as follows:
Reviewer reports:

Tim Bright (Reviewer 1): The authors have made a sound effort in addressing the reviewer concerns. There are some minor grammatical issues e.g. "Nasogastric tube is inserted via the nose and brought out through the mouth. After cutting distal part of tube leaving a few side holes, polyurethane sponge is sutured to the tip of the tube. Trimming of the sponge is also required according to the size of cavity. The sponge size needed to be smaller than the wound cavity to promote collapse and subsequent closure of the fistula. The sponge can be inserted into the wound cavity using a grasping forceps and snare." could be edited but the paper otherwise outlines significant experience with a useful technique.

Response: The edit has been performed by a professional editor following your comment.

George Kiroff (Reviewer 2): This is a large consecutive series of patients treated with vacuum dressings after an oesophageal anastomotic leak. As this is a relatively new treatment the results will be of interest to readers. Despite the author's revisions it remains unclear how the decision is made to apply EVAC. Is this simply arbitrary, when there appears to be no progress with conservative treatment? Was EVAC considered in patients treated conservatively? Has the use of this modality increased with increasing experience?

There remain multiple errors of grammar that will require editorial attention prior to publication.

Response: EVAC was performed to patients whose leak did not improve after conservative management and/or resulted in a septic condition (lines 84-86, page 4). We have been maintaining this indication for EVAC. Also the edit has been performed by a professional editor following your comment.

We hope the revised manuscript will better meet the requirements of your journal for publication. We thank the editors and reviewers of the BMC Surgery once again for the constructive review of our paper.

Sincerely Yours,

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