Reviewer’s report

Title: Presence of transient hydronephrosis immediately after surgery has a limited influence on renal function 1 year after ileal neobladder construction

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Reviewer: Can Obek

Reviewer's report:

The authors report that transient hydronephrosis one month after surgery does not have a major negative impact on renal function one year after ileal neobladder construction.

They may have a practical point for our daily practice, but I would like to share some concerns and suggestions.

Urinary tract infection, either in the form of non-symptomatic bacteriuria, or a symptomatic infection may be one of the key factors leading to loss of kidney function. Although they define acute pyelonephritis in M&M, I do not see infection stated anywhere else. It should be one of the main factors assessed, especially when they perform a refluxing technique.

In the ideal world, each kidney, that is each one of the 128 renal units, should be analyzed individually. Even if one kidney loses significant function, this may not be obvious in the total renal function. This could be performed by nuclear scans to measure split renal function. I believe they do not have this data. They should at least mention this in discussion.

Any thoughts for transient hydronephrosis? Edema, reflux etc...?

I find the results of the 4 different groups quite confusing, despite my best efforts to understand in detail. Maybe they can find a way to present their results in a more simple manner.

Although not a concern for this specific manuscript, I would like comment on some of their routine:

95% received neoadjuvant chemotherapy and that is to be congratulated! However, they received carboplatinum based chemotherapy. Many medical oncologists would state that unless cisplatinum is given, neoadjuvant will be useless...

What is exactly checked for under radiographic guidance, when removing the catheters? A stricture will not be visible at that time.

4-6 weeks hospitalization is very long; in fact the longest I have read so far...

Urethroscopic examination is again interesting; I am not aware of many centers that perform this. The more common would be cytology.
Are the methods appropriate and well described?  
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?  
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