Author’s response to reviews

Title: Artificial urinary sphincter implantation: an important component of complex surgery for urinary tract reconstruction in patients with refractory urinary incontinence

Authors:

Fan Zhang (zhangfan0207@126.com)
Limin Liao (lmliao@263.net)

Version: 2 Date: 07 Jun 2017

Author’s response to reviews:

Dear Editor Benny Yau and Editor Hayley Henderson

We have kindly revised our manuscript BURO-D-16-00036R1 based on Editor Comments and reviewers’ comments. We add the ‘Declarations’ part and amend ‘Table 2’ follow the Editor Comments. The response to reviewers’ comment are stated below.

We are looking forward to your kind consideration for publishing this manuscript.

Sincerely yours,

Co-Author: Limin Liao, MD, PhD

Professor and Chairman
Department of Urology
China Rehabilitation Research Center, Rehabilitation School of Capital Medical University,
Beijing 100068, China.

First Author:
Fan Zhang MD, PhD
Department of Urology
China Rehabilitation Research Center, Rehabilitation School of Capital Medical University,
Beijing 100068, China.

Reviewer #1:

1. page 13, line 10: "Patients with a history of urethral surgery will have higher rates of eventual AUS explantation for erosion and/or infection." Is this statement based on the author's own series here (no statistical analysis was presented), or is this based on published literature (no
reference was provided). It appears to me, based on Table 2, many of the revision, explantation, erosion or infection were in the initial few patients (up to patient 7) but the later patients with history of urethroplasty did just fine. This may be a reflection of the learning curve needed to perfect the surgical techniques. We have previously published a paper that described the learning curve experience of the AUS:


Response: Thanks. We revised that part by “The relatively higher rates of complications in the initial few patients (up to patient 7) may be a reflection of the learning curve needed to perfect the surgical techniques. Pervious urethral damage (failed surgical procedures and urethral atrophy) can potentially result in technical difficulties and/or reduce the efficacy of AUS surgery”. We also add the relative references.

2. page 12, line 1: "Considering aggressive false passage incision may cause more damage, we performed augmentation cystoplasty before AUS implantation.” It is not clear what this means? Can you clarify what you intent to say and why you performed augmentation cystoplasty as a staged procedure prior to AUS implantation?

Response: Thank you. We revised that part by “One NB patient had hydronephrosis and high pressure vesicoureteral reflux. We performed augmentation cystoplasty and concomitant ureteral reimplantation before AUS implantation.”

3. page 12, line 33: "This may explain the minority proportion of PPI patients in the present study." It is possible that the small number of PPI patients in the case series actually a reflection of the relatively small number of radical prostatectomy performed in China (compared to say, the United States), and/or a difference of referral pattern to your hospital (China Rehabilitation Research Center is a renowned hospital for neurogenic bladder and reconstruction), instead of the high PPI urinary continence rate claimed by the authors?

Response: Thanks. We revised that part by ”The incidence of PPI cases remains high despite advances in surgical technologies and techniques. The minor percentage of PPI cases in our report may reflect the relatively small number of RP performed in China compared to the United States, and a difference of referral pattern to our center.”

4. Further grammatical editing and proofreading is recommended, examples:

different places: staged procedure instead of "stage" procedure

page 2, line 38: maintained the original artificial urinary sphincter instead of the "primary" AUS

page 6, line 24, 17: one incision instead of one "cut"
page 10, line 33: undergone at least two surgeries instead of "twice" surgeries

page 10, line 37: "Of our concern"

page 13, line 49: a staged procedure instead of a "stage produce"

Response: Thank you, we proofread the article.

Reviewer #2:

1) The assets of this report are the non-prostatectomy patients. As stated, the majority of AUS literature is related to the treatment of postprostatectomy incontinence. Thus, it would be cleaner to eliminate those patients from this report. However, it is understandable that these patient are included to enhance the total 'N'. It would be beneficial to report the success of the patients by etiology of incontinence - urethral injuries, neurogenic and prostatectomy.

Response: Thank you. Since more AUS procedures were preformed during 2015-2017 in our centre, we add two more qualified cases (PFUI n=1, PPI n=1) in the present study. The success rate of patients by etiology of incontinence was presented in “Result” section.

2) What is the reason for the usage of Cefazolin and Vancomycin? We usually utilize on agent or the other in combination with Gentamicin.

Response: Thanks. We usually utilize the Intravenous antibiotics (ceftriaxone and vancomycin) within 12 hours prior to AUS surgery and 3 days post-operatively, based on local experience.

3) What was hospital length of stay for these patients? Since the IV antibiotic prophylaxis is reported as 3 days, were the patients in the hospital for this length of time?

Response: Thanks. The length of stay for AUS surgery ranged from 5–7 weeks, including one week of pre-operative evaluation and 4-6 weeks post-operative time. Since our patients come from all over China – large area, it is more convenience for them maintain hospitalized until the system activation.

4) There are minor grammatical and word usage errors throughout the manuscript which need to be corrected to improve readability.

Response: Thanks. we proofread the article.