Reviewer’s report

Title: Conservative treatment for urinary fistula following ileal conduit urinary diversion: a simple method

Version: 1 Date: 11 Aug 2019

Reviewer: Maria Angela Cerruto

Reviewer's report:

This manuscript by Yun-lin Ye, Hai-tao Liang, and colleagues describes the results of a retrospective review of a single centre experience with the experimental use of an intra conduit negative pressure system (NPS) to conservatively treat selected patients diagnosed with urinary fistula after radical cystectomy/pelvic exenteration and ileal conduit.

The authors' stated goals were to evaluate the results of a relatively simple and bed-side non-invasive procedure to treat urine fistula with a NPS.

Strengths of the manuscript include the relatively large sample size considering the rarity of urinary fistula after ileal conduit, and the originality of the manuscript in that a "real-world" experience with use of a NPS has not been previously reported with substantial numbers of patients.

I have several comments/suggestions:

MAJOR:

1) Backgrounds: When addressing the use of nephrostomy as mini-invasive approaches to treat urinary fistula it should be stated that this procedure, even if it could be challenging in case of absence of hydronephrosis, it allows to perform a contrastographic study of the pelvis, ureter and of the entero-ureteral anastomosis. This is useful to assess the presence of other causes of urinary leakage and to evaluate the severity of the fistula.

2) Methods: The process of preparation of the NPS is not completely clear. How and where is it fixed to the conduit? Is the correct placement of the NPS in the conduit evaluated and how? What type of device were exactly used (what type of sterile silicon tube and mini plastic tube)?

3) Results: In the manuscript it is not specify which type of anastomosis were performed: Wallace I, Wallace II, Bricker? This information could be added in the text or in the table.

4) Results: In the manuscript it is not clear in how many patients the diagnosis of the urinary fistula was obtained with imaging? Was the entity of the fistula evaluated and then the patient stratified according to the severity of the fistula? What type of imaging was used to obtain the diagnosis?
5) Discussion: As suggested in the comment 1, when addressing the use of nephrostomy in case of absence of hydronephrosis, it should be stated that for this reason it is a procedure that should be performed only in referred centre and by expert urologists/interventional radiologists.

6) Figure: The figure is not clear and should be improved. An illustrated photo of the device could be more useful.

MINOR:

1) Please review the language possibly with the help of an English native speaker.

Please confirm that you have included your review in the ‘Comments to Author’ box?
As a minimum standard, please include a few sentences that outline what you think are the authors’ hypothesis/objectives, their main results, and the conclusions drawn. Your report should constructively instruct authors on how they can strengthen their paper to the point where it may be acceptable for publication, or provide detailed reasons as to why the manuscript does not fulfill our criteria for consideration. Please supply appropriate evidence using examples from the manuscript to substantiate your comments. Please break your comments into two bulleted or numbered sections: major and minor comments.

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- Are the description of any error bars and probability values appropriate?
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