Author’s response to reviews

Title: LAPAROSCOPIC REPAIR ON VESICOVAGINAL FISTULAE WITH THE TRANSPerITONEAL APPROACH: THE INITIAL CASE REPORT OF THE UNIVERSITAS GADJAH MADA UROLOGICAL INSTITUTE

Authors:
Indrawarman Soeroharjo (indrawarman@yahoo.com)
Said Alfin Khalilullah (saidalfink@gmail.com)
Raden Danarto (dr.danarto@yahoo.co.id)
Prahara Yuri (prahara.yuri@ugm.ac.id)

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Cover letter

October 12th, 2017

Dear Editor/Reviewer of Journal of Medical Case Reports,

We are very excited to have been given the opportunity to revise our manuscript, which we now entitle, “LAPAROSCOPIC REPAIR ON VESICOVAGINAL FISTULAE WITH THE TRANSPerITONEAL APPROACH: THE INITIAL CASE REPORT OF THE UNIVERSITAS GADJAH MADA UROLOGICAL INSTITUTE,” consideration of publication in Journal of Medical Case Reports.

We carefully considered your comments as well as those offered by the two reviewers. Herein, we explain how we revised the paper based on those comments and recommendations. We want to extend our appreciation for taking the time and effort necessary to provide such insightful guidance. The revision, based on the review team’s collective input, includes a number of positive changes. Based on your guidance, we endeavored to improve the fit of the paper with the journal and provided a more interesting.

We report our first experience using the using simplified laparoscopic approach technique for the management of VVF with minimal laparoscopic intracorporeal suturing in order to highlight our results with this simplified laparoscopic approach. There are two approaches to repair VVF laparoscopically, single or double layers of bladder closure with or without tissue interposition. Most of the literature summarizes that there are the same results from each of these approaches. Although our study used double layers of bladder closure with tissue interposition and showed a
good outcome, it is difficult to conclude that other techniques do not produce good outcomes. From one meta-analysis study, the surgical techniques of single or double bladder layer closure and interposition shows no statistical differences. Therefore, the decision to choose a specific technique for the layers of closure and interposition graft remains controversial and will continue to be based on the personal decision reflecting on the surgeon’s experience.

Thank you very much for your consideration.

Yours Sincerely,

Prahara Yuri

1Division of Urology, Department of Surgery, Faculty of Medicine, Universitas Gadjah Mada/Dr. Sardjito Hospital, Yogyakarta 55281, Indonesia.

Electronic address: prahara.yuri@ugm.ac.id