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

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Author’s response to reviews:

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Dear Dr. Editors/reviewers,

Thank you for your suggestion and manuscript review. We wish to submit a manuscript revision entitled “Laparoscopic Repair On Vesicovaginal Fistulae With The Transperitoneal Approach: The Initial Report Of The Universitas Gadjah Mada Urological Institute” for consideration by the Journal of Medical Case Reports.

According to your review, we had been revised and gived some explanation:

Reviewer #3

1. In the section "Surgical technique" you mention that "The ureteral stents were removed without difficulty". When were these stents placed? Have you inserted them at the outset of the procedure or a few days before surgery?

We inserted the stents into the fistulae tract from the bladder to the vaginal when we performed cystoscopy at the first of the procedure.

2. One of the main points of your technique is that the vaginal defect was not closed separately. Yet in the legend of figure 3 you describe the closure of the vaginal opening in a horizontal fashion with a braided suture. Please explain.
Yes, we closure the vaginal defect without separate and covered with an omental flap with braided suture. We performed these methods to enhance blood supply, protect suture line, and close dead space.

3. Interposition of the omentum is not always feasible in these cases. Occasionally the omentum is either too short or adherent to the bowel and cannot reach the fistula site. Please comment.

Actually, An interposition of the omentum works on 2 theoretical premises: 1) it functions as a barrier and 2) it introduces vascularity and theoretically lymphatics to improve tissue growth and maturation. But, the most important part of the surgery is the actual repair of the fistula ie the bladder and the vagina not the addition of the interposed omentum. From one meta-analysis study, omental interposition has no different cure rate for Vesico vaginal fistulae repairs compared to no graft group [1]. So, if the interposition of omentum is not feasible because of the omentum is too short, these procedure should not be done.

Reviewer #4

4. Minor point, In Figure 3, the surgical instrument for suturing was given the appearance of Robotic surgery. However, in this article, there is no description about Robot-assisted laparoscopic surgery. The author should describe precise procedure of suturing and surgical port.

We do not use Robot-assisted laparoscopic. These surgical instrument for suturing is surgical port for laparoscopic.

Thank you for your consideration of this manuscript. Hopefully, it can be published to your journal soon and looking forward to hearing from you.

Sincerely,

Dr. Prahara Yuri, SpU

References