

Peer Review File

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Thank you for arranging a timely review for our manuscript entitled “**Multiple hysteromyoma removal by single hole laparoscope without pneumoperitoneum suspension**(Manuscript ID:GPM-2020-IEGS-02 (GPM-20-72))”. Those comments are all valuable and very helpful for revising and improving our paper. We have made some adjustments to make the article look more complete. And we have taken efforts to revise the manuscript based on the reviewers’ comments. Below please find the point-by-point response.

All answers and corrections made in the revised manuscript are marked in **RED** font. We look forward to your editorial decision.

Reviewer A

Comment 1: Even if the technique is original and the video if a good quality, the article in the introduction and in the discussion did not explain advantages and disadvantages of this technique and in the description of the case the authors do not explain sufficiently patient and Surgical data. Good as video but not for written article. Please elaborate the text giving more information about advantages and disadvantages of the technique and well more details on patients and Surgery outcomes.

Reply 1: Thanks for your suggestion. We added more patients details in the introduction (we described a procedure of single hole laparoscope without pneumoperitoneum suspension for a 41-year-old female patient ...) and illustrated the advantages and disadvantages of the technique in the discussion (Furthermore, it is easier to remove the fibroid directly from the umbilical incision. As a result, operation and specimens are taken more easily....)

Reviewer B

Comment 1 Use uterine leiomyomas instead of hysteromyoma, or leiomyoma of the uterus.

Reply 1 Thanks for your suggestion. Here “hysteromyoma” is replaced with “uterine leiomyomas”.

Comment 2 “Furthermore, laparoscopy performed with pneumoperitoneum has many limitations when dealing with the resection of large symptomatic leiomyoma.” : please explain, I do not think it’s totally true, and the same for this sentence “In addition, the difficulty and danger of blind puncture of pneumoperitoneum needle limit the popularity of this technique”

Reply 2 Thanks for your suggestion. We made an further explaining of the above two sentences and changed the specific meaning as follows: Furthermore, laparoscopy performed with pneumoperitoneum has many limitations when dealing with the resection of large symptomatic leiomyoma. because the pelvic operation with large leiomyoma is somewhat difficult, the bleeding increasing, and even the larger leiomyoma cannot be completely removed. In additional, the surgical field is not well exposed. Meanwhile, it is necessary to carry out leiomyoma pulverization, which the procedure carries certain risks and may leads to the leiomyoma implantation.

Comment 3 “with the area of convex about 70%.” This is not clear.

Reply 3 Thanks for your suggestion. We decided to delete this sentence, because we had described the specific size of leiomyoma.

Comment 4 Please pay attention to punctuation , correct spelling and spaces, and be consistent with * or X for the measures. For example “psuedocapsule”, “dosen’t”

Reply 4 Thanks for your suggestion. We will check the manuscript again, and correct spelling and spaces.

Comment 5 “so epidural anesthesia is not appropriate” in my institution we regularly use epidural analgesia and CO2, without any complications, please cut this affirmation and specify that gassless surgery is a valid option, we can state that it’s better than CO2.

Reply5 Thanks for your suggestion. We need to illustrate that the choice of epidural anesthesia is for patients with contraindications to general anesthesia or intolerance to pneumoperitoneum, and gasless laparoscopic surgery can be applied to patients whose cardiopulmonary function is intolerant to pneumoperitoneum laparoscopic surgery, besides, without the associated complications caused by carbon dioxide pneumoperitoneum.

Comment 6 “Now CO2 gas is not used in the laparoscopy, which eliminates the complications related to CO2 and expands the indications for surgery.” I think it’s true in selected patients, please clarify.

Reply 6 Thanks for your suggestion. We added the information that gasless laparoscopic surgery is more appropriate applies to patient who cannot tolerate pneumoperitoneum or with cardiopulmonary dysfunction, as well as pregnant women and the elderly.

Comment 7 “Therefore, endotracheal intubation and general anesthesia is not necessary, epidural anesthesia is applicable” This is a syllogism, but it’s wrong.

Reply 7 Thanks for your suggestion. We replace this sentence and express the meaning that epidural anesthesia is less expensive than general anesthesia, allowing patients who cannot tolerate general anesthesia to have surgery under epidural anesthesia.

Comment 8 “In conclusion, gasless laparoscopic surgery is more appropriate applies to patient who cannot tolerate pneumoperitoneum or with cardiopulmonary dysfunction, as well as pregnant women and the elderly.” This is the message that has to be read also during discussion, because now it’s seem we have all need to switch to gasless laparoscopy for all the patients.

Reply 8 Thank you for your very kind comments. We only want to express that laparoscopy has some advantages for some patients, and we do not suggest that it should be applied to all patients

Reviewer C

Congratulations on this video article. This video shows gasless laparoscopic myomectomy via single site at the navel.

Comment 1 In general, the text is written in scientifically sound English, however there are frequent typos and inaccuracies in grammar and style (f.i. "recove quickly" instead of "quick recovery" - page 2, line 3 or "spent less", "decrease the occurrence of complications" same page and line, etc). Therefore, another round of precise proof-reading is highly suggested.

Reply1 Thank you for your very kind comments. In order to facilitate readers' understanding, we have sought an English native speaker professional to re-edit the language of the manuscript and

provided proof of editing to support this action.

Comment 2 and 3 Consider adding narration; Which scope was used? Which instruments, conventional laparoscopic ones?

Reply 2 and 3 Thanks for your suggestion. We will add the narration that the scope is the conventional laparoscopy.