

Peer Review File

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Reviewer A

Comment 1: The article aims to reproduce a new minimally invasive laparoscopic hysterectomy technique. The article is well written, easy to read, and very original. given the aforementioned qualities, I would not make changes before publication.

Reply 1: Thank you very much for your judgement.

Reviewer B

Comment 1:

The video is well structured, but the technique and the instrumentation used are not very uptodate and they do not reveal any advantages to the single port hysterectomy technique.

The authors should underline the advantages and disadvantages of their technique using only 1 operative access.

Reply 1:

Thank you very much for your judgement.

In 1991, Pelosi performed a total hysterectomy with bilateral salpingo-oophorectomy, using the single-port technique (operative laparoscope) but the suture of the vaginal cuff was performed for vaginal approach. Our laparoendoscopic single-site hysterectomy is a technique using an operative laparoscope and modified conventional laparoscopic instruments, and suture of the vaginal cuff was performed laparoscopically.

Advantages of our technique:

- Lowers costs incurred by new devices available today (no reusable).
- Operative laparoscope and all the instruments are reusable.
- To reduce the size of the umbilical incision by using the operative laparoscope (superior cosmetic outcomes and less pain)
- Constant vision of the instruments in the operative field (the surgeon use both hands at the same time and control his vision)
- No clashing of instruments and the instruments with the laparoscope.

Disadvantages of this technique:

- The work angle of the instruments for dissection regarding the organ, which is 90° because the instruments and vision move coaxially.

Reviewer C

Comment 1:

The video article describe the technique of single site hysterectomy. I have few concerns regarding the cutting of the video, for example the anterior vesico uterine development, what about eventual adnexectomy? Please clarify and comment. I suggest to cut set-up part and to cut less the main phases of hysterectomy.

Reply 1:

Thank you very much for your judgement.

Dissection of the anterior broad ligament peritoneum to cervix level and bladder: The upper junction of the vesicouterine peritoneal fold is distinguished as a white line and is dissected. The vesicouterine fold must be identified, afterwards elevated prior to incise it. After the vesicouterine fold is identified, the bladder is rejected.

About eventual adnexectomy

This video show a hysterectomy without adnexectomy. For adnexectomy we used to retraction the adnexal, the same retraction system for the anterior vaginal.

Comment 2:

Again, why did close the vagina laparoscopically? It would be easier to close it from below, was it only a demonstration of technique or it has any advantages? Please clarify.

Reply 2:

The vaginal cuff was sutured laparoscopically because uterosacral ligaments, cardinal ligaments, and posterior vaginal fascia across the midline were included, and these sutures provided excellent support to the vaginal cuff apex. Furthermore, it's permit better control of the anterior vaginal wall and the bladder in laparoscopic approach. We used this close for all laparoscopic hysterectomy (multiport and single port) because several publications show that for vaginal cuff closure, laparoscopic suture is a safe and less time-consuming procedure (compared the vaginal route) and the cuff-related complications are similar in the two groups.

Hwang JH, Lee JK, Lee NW, Lee KW. Vaginal cuff closure: a comparison between the vaginal route and laparoscopic suture in patients undergoing total laparoscopic hysterectomy. Gynecol Obstet Invest. 2011;71(3):163-9.