

Peer Review File

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Review Comments

This article is well constructed for a summary of evidence available for laparoscopic surgery during the covid-19 pandemic. Whilst the summary is a good initiative, recent published evidence would add more weight behind the impact of the manuscript which should be considered.

1. Evidence of covid-19 in peritoneal fluid (annals paper by federicco) and the converse (langenbeck's paper by ngaserin, BJS paper, etc) should be cited. These studies add weight that even though caution should be taken, we should not put off and fear the use of laparoscopy.

Reply 1: Agree. Changes are tracked within the updated manuscript.

Changes in text: Above suggested studies have been added to the manuscript in the "LAPAROSCOPY'S RISKS IN THE SETTING OF VIRAL INFECTIONS" section (Page 7) and to Table 1 (Page 14). Further discussion about the use of laparoscopy has been added in the Discussion/Conclusion (Pages 12-13).

2. Smoke evacuation can also be self constructed and deemed safe. (BJS paper by D. Yeo) This is particularly relevant in countries where cost of a formal commercially available smoke evacuators is an issue.

Reply 2: Agree. Changes are tracked within the updated manuscript.

Changes in text: Above suggested study has been added to the manuscript in the "REVIEW OF RECOMMENDATIONS" section, to supplement other techniques to decrease potential risks associated with laparoscopy (Page 10).

3. OT protocols (BJS paper by Chew MH, et al. Singapore Medical Journal paper (a call to arms) also by Chew et al) is important to further highlight. the use of negative pressure theatres, time-out between procedures for air exchanges to take place to safeguard the healthcare staff.

Reply 3: Agree. Changes are tracked within the updated manuscript.

Changes in text: Above suggested studies have been added to the manuscript in the

“CONSIDERATIONS IN LAPAROSCOPY” section, to supplement other techniques to decrease potential risks associated with laparoscopy (Page 9).

4. PPE constraints and turnover. (Updates in surgery paper cleanspace PAPR turnover by Frederick H Koh) This is an important concept as for high risk cases, the method of turn over and quantity of PPE and PAPR is important to be factored in to determine how many cases and at what intensity can elective and emergency cases be performed in individual hospitals. this would be important for individual institutions in their planning norms.

Reply 4: Agree. Changes are tracked within the updated manuscript.

Changes in text: Above suggested studies have been added to the manuscript in the “CONSIDERATIONS IN LAPAROSCOPY” section, to supplement other techniques to decrease potential risks associated with laparoscopy (Page 9).

I believe this article has the potential to add to literature by being a summary of evidence and should be pursued if the above points can be factored in. I foresee the potential for this to be a well cited article.