Peer Review File

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Review Comments

Reply: Dear colleague, thank you for your review. This paper is a short review on techniques surgically available for cure of DPS (descending perineal syndrome) It is paper No15 in a series of 19 papers on the Integral Theory of Female urinary Incontinence. The motivation for adding wide-bore polyester suture to repair of suspensory ligaments, is that in about 2014, all mesh, even tapes were banned in the UK, USA, Australia and several European Countries.

Comment 1. Abstract line 48: Please soften this expression; "this surgical method may well become standard surgery for POP": Here, you only showed preliminary results and thus no need to state this definite conclusion/impression.
Reply: Agree, Thank you.

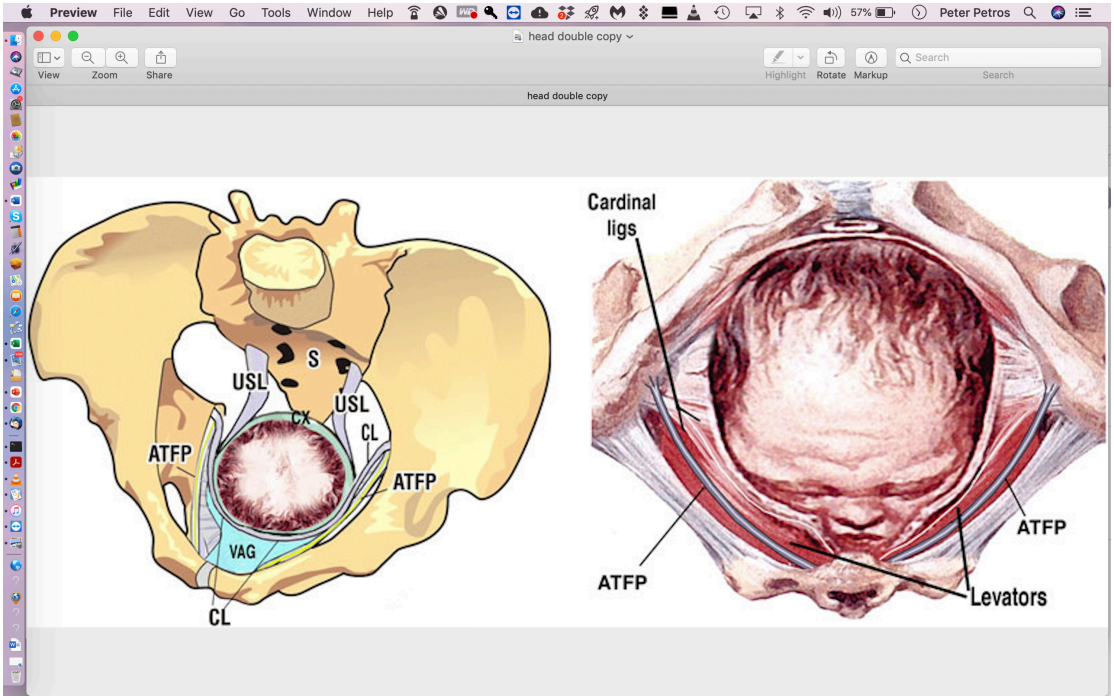
Comment 2. Abstract: Please state the data itself; how many patients received this surgery? surgery what? How was the prognosis? etc. You only state your "concept" and readers do not understand the data. I mean that you had better just adopt the standard writing of abstract as that of any other original article/commentary. If this is a commentary, then abstract itself should indicate that this is a commentary. The writing style is out of standard of the scientific paper writing.

Reply: Thank you. We have totally rewritten the abstract and changed the direction of the paper to "Wide-bore polyester sutures may create sufficient collagen for cure of prolapse/incontinence – work in progress"

Comment 3. Line 59: please state whether 1990 discovery (publication) was made by yourself (or your team).
Reply: The discovery was by Petros & Ulmsten

Comment 4. If not, please state the relationship with 1990 discovery and your team. You found the merit of 1990 publication and you followed this concept, right? If so, state so.
Reply: All the authors follow the Integral Theory, some for more than 20 years
We have added, The main thrust of the Integral Theory (1) which we follow in its entirety,

Comment 5. Line 119: why "5 cm"? Cite references. If this is your own impression/opinion, state so.



Reply: It is evident that as the head descends down the birth passage, it has to push aside all midline structures. On the left, the cardinal (CL) and USL attachments to the cervix, now expanded to 10cm. On the right, as the head exits, the attachments of pubourethral ligament, ATFP and the levator attachments to the lower border of the symphysis

Comment 6. Line 146: what do you mean? This phrase appears abruptly.

Reply: Our copy did not have the correct line numbers

Is this the what you mean?

It is not possible to repair pelvic organ prolapse unless the surgeon first understands its pathogenesis. Therefore, a short pathogenesis precedes the surgical descriptions

Comment 7. Line 167: Is this the present result? How many patients received the surgery? How were the ACTUAL outcomes? If this is a commentary, please state your experience on how many patients you did this surgery. Did you publish this data already? All is obscure.

Reply: Thank you. Your comments are incisive and have led to a dampening of our enthusiasm for this new surgical direction and to a fundamental re-structure and re-writing

Comment 8. Figure 6: English?

Reply: **Figure 6. Pathogenesis and repair of transverse defect cystocele.**

The cardinal ligament (CL) and the pubocervical fascial (PCF) attachment of vagina to CL have torn under pressure of the head and prolapse downwards. Unsupported by CL, PCF and the overlying bladder base prolapse downwards as a transverse defect cystocele. A No 2 polyester suture brings together the ruptured edges "r" *without tension*.

Comment 9. English should be edited by a native scientific writer.
Reply: We have checked the English. It seems OK.