Peer Review File

Article information: https://dx.doi.org/10.21037/jovs-23-44

Reviewer Comments

Salameh, in his manuscript and videos, "Surgical technique: robotic transabdominal preperitoneal Morgagni hernia repair," presents their technique for mesh-based Morgagni hernia repair with robotic techniques. The video is nicely done and I think this is a valuable addition to a fairly rare condition. My questions/comments below:

1."Transversely" is typically used rather than "transversally" (line 86).
Reply 1: Both words are correct and can be used interchangeably.
Changes in the text: Changed word to transversely.

2.Specific information about the needle type, material, and gauge of suture used for closure of the hernia defect should be provided. I do not usually think that needle type needs to be included in technique articles, but for this specific repair and situation, I believe it is important. The closure is obviously critical step of the operation and failure to take deep enough bites of the fascial tissue (which is fairly easy to do and the reason that I personally use a different technique that uses transfascial interrupted sutures) would predispose to recurrence.
Reply 2: Requested info was added.
Change in text: Under deefct closure, line 95, added "(2-0 V-Loc™ 180 on GS-22 needle, Medtronic, New Haven, CT)".

3. Are the two sutures used for defect closure tied to one another or not? It does not seem so based on the video, but clarification here would be helpful.
Reply 3: The sutures are not tied together
Change in text: This point was clarified by adding at line 97: "the sutures are overlapped in the middle and do not require to be tied together'.

4. What is the rationale for using absorbable rather than permanent sutures for the closure of the diaphragmatic defect? Permanent sutures are typically used for diaphragmatic repair. Given the fact that the peritoneum covers the suture line, I do not see any advantage for using an absorbable suture.
Reply 4: We favor slowly absorbable sutures for all fascial closures including diaphragm, specially when a mesh is also used. Permanent sutures are more likely to result in suture granulomas and/or chronic sinuses and may also behave as cutting setons.
Change in text: We added the following sentence in line 95: "We favor slowly absorbable sutures for all fascial closures including diaphragm, specially when a mesh is also used."

5. The gauge/material of the suture used to close the preperitoneal flap should be provided.
Reply 5: Info added

Change in text: Added in line 107: “3-0 V-Loc™ 180 on CV-15 needle, Medtronic, New Haven, CT”

6. Is the 4-5 cm overlap referring to the distance on each side of the defect? Or total overlap (aka 2-2.5 cm each side)? Please clarify.
Reply 6: We use 4-5 cm overlap with normal fascia in all directions, i.e. on each side of the defect. We clarified in the text how we go to the mesh size.
Change in text: Added in line 103 the following: “in the case presented here, the defect measured 3 x 7 cm so the mesh was sized at 12 x 16 cm”.

7. The name and brand of mesh (line 103) would be helpful to include.
Reply 7: Mesh info addedChange in text: Added on line 104: “(ProGrip™ Laparoscopic Self-fixating Mesh, Medtronic, New Haven, CT)”

8. The double layered mesh closure described in lines 129-132 is a very different technique and I believe warrants either omission from the article, or significantly more detail in the text as well as the accompanying video. I would imagine that a permanent suture would be used for that.
Reply 8: It is very reasonable to omit this as it does not add much to the paper.
Change in text: Paragraph deleted (lines 129-132)

9. The statement that excising the hernia sac “reduces the risk of recurrence or mediastinal cyst formation” (line 166) requires either cited evidence or should be omitted.
Reply 9: Reference added
Change in text: Reference added.

10. Abbreviated information about a case series would be valuable here. One disadvantage of the preperitoneal repair is the additional time needed to develop the plane. Information about the mean/median/range with regards to operative time would be helpful for readers interested in adopting this technique.
Reply 10: This is just a case report/technique presentation and a case series would be a different paper beyond the scope of this article.
Change in text: None.

11. The robotic trocars do not admit the scope when the trocar tip (which is solid) is inserted. How then is an optical entry used with the robotic trocars? Is another 8 mm trocar used for entry and then exchanged for the robotic trocar?
Reply 11: The new robotic trocars are clear and do admit the scope for an optical entry.
Changes in text: None

Editorial Comments

1. The authors are encouraged to refine the title to more accurately reflect the focus of the manuscript, and put the term “surgical technique" after the colon for clarity.

For instance: “Robotic Transabdominal Preperitoneal Morgagni Hernia Repair: Surgical Technique”.

Reply: Suggested change made to the title

2. Preoperative Preparations and Requirements: The authors could consider detailing the composition of the surgical team, and the requisite training or number of surgeries needed for the lead surgeon to competently perform the procedure.

Reply: *The requisite training or number of surgeries needed for competency is outside the scope of the paper and any statement inn that regard would be speculative.*

3. Preoperative Preparations and Requirements: “We favor a computerized tomography (CT) scan of the chest and/or abdomen and pelvis” if available, it is suggested that the authors include preoperative imaging data. This would allow readers to gain a comprehensive understanding of the case’s clinical context.

Reply: CT Scan image added

4. Please note the operative time and blood loss during the procedure.

Reply: Operative time and blood loss were added under 3.4

5. The authors could consider presenting a detailed anatomical diagram depicting the patient’s positioning and the placement points of the trocars as a separate figure, rather than only within the video. This would enhance the article’s instructional value.

Reply: Added figure showing trocar placement

6. Disclosure of funding sources is imperative, particularly any financial support or sponsorship related to surgical equipment used in the study.

Reply: Added that “The author has no conflicts of interest.” under 1.3