

Peer Review File

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Review Comments

Reviewer A

The authors have submitted a narrative review of AUS and IPP surgery. This narrative review is comprehensive regarding the available literature and the references are as contemporary as possible. There are a number of typographical and grammatical errors that detract from the paper's readability.

Title: It is best not to formulate the title as a question, as questions are not fully descriptive of the content of the article.

REPLY: Thank you for your comment. The title has been revised to “A narrative review on synchronous concurrent versus delayed sequential surgery in the artificial urinary sphincter and penile prosthesis implantation” (see Title section)

Abstract: I am not sure of the formatting for TAU but I have not seen keywords added to the tail end of an abstract before. Additionally there are a number of typographical and grammatical errors that begin here and are seen throughout the paper. I do appreciate the use of "standard of care" rather than "gold standard" however, as the latter is both trite and misused.

REPLY: Thank you for your comment. The abstract and manuscript have been revised to the TAU's author guidelines. Typographical and grammatical errors have been rectified and the words “standard of care” has replaced “gold standard”.

Introduction: There are more treatment options for SUI than physical therapy prior to consideration of AUS surgery. It would be better to list the corporate information for Boston Scientific than for AMS, which no longer exists as a freestanding company.

REPLY: Thank you for your comment. The following statement (pre-fix) has been added “who failed non-surgical therapy and wish to undergo surgery to restore urinary continence” (see Introduction section, paragraph 2). The reference on AMS has been replaced by Boston Scientific.

Materials and Methods: This section needs to be expanded quite a bit. How many papers were found? What search methodology was used? How were papers eliminated or selected? Just because it is a narrative review does not mean you can skimp on the details. And how exactly is this being narrated? Are the authors outlining their approach to the surgery? If so, that needs to be much clearer.

REPLY: The search methodology has been expanded and the following text has been added “...and available literature about AMS 800 was reviewed and the following

terms “artificial urinary sphincter”, “urinary incontinence”, “inflatable penile prosthesis”, “erectile dysfunction”, and “prosthetic surgery” were searched” and “and a full Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol was not adopted for this article” (see Materials and Methods section).

Narration: These segments are rife with typographical and grammatical errors. It would also be wise to avoid the discussion of specific tools or techniques that the author use. Many readers, for example, are unfamiliar with the Dilamezinsert. It would also be wise to avoid editorializing in these segments.

REPLY: Thank you for your comment. The discussion of specific tools and/or techniques is important information for readers to know about strategies to troubleshoot complex concurrent surgeries.

Conclusions: This section is adequate.

REPLY: Thank you.

References: There is no consistency to the format of these references. There are also many errors in the references.

REPLY: References have been formatted based on TAU’s author guidelines.

Tables and Figures: Table 1 is not visually interesting.

REPLY: Thank you for your comment. Table 1 provides a summary of the advantages and disadvantages of each approach and is useful as a quick guide for readers.

Reviewer B:

This is a narrative review of concurrent AUS and IPP. This topic has been published on multiple times, and I do not feel an additional narrative review adds much to the literature on this topic. I’d encourage the authors to at minimum present this as a systematic review.

REPLY: Thank you for your comment. Unfortunately, the lack of high-quality randomized controlled trials coupled with the very limited published studies and mixed (inconsistent) methodology in available studies are insufficient and not possible for a formal systematic review or meta-analysis.

Reviewer C:

Intro:

Line 25-26 reads a bit confusing. Would reword to discuss ED and medicine and SUI and Pelvic floor PT in separate sentences.

REPLY: Thank you for your comment. The sentence on ED and medicine and SUI and pelvic floor physiotherapy has been removed from Introduction section.

Materials and Methods:

No comments

REPLY: New text has been added.

Discussion

The authors mention a study showing no difference in infection rates however it would seem that this may not be powered enough. What is the infection rate in the study of synchronous implantation vs. staged? What is the sample size for this data?

REPLY: Thank you for your comment. Your observation is correct. The lack of high-quality and relatively small sample size of data significantly restrict statistical difference calculation between synchronous vs. staged implantation.

Regarding activation, often patients need additional time before they can be activated, especially if an IPP is placed at the same time, is there any data on how long patients would need to wait for activation in synchronous vs. staged? Are there any other unique complications to synchronous implantation.

REPLY: Unfortunately, there is no standardized data on this aspect. Patients are encouraged to cycle the device(s) as soon as convenient (often based on the comfort of the patient and the time of review with the surgeon).

Reviewer D:

The authors perform a narrative review of the AMS 800 artificial urinary sphincter implant together with the implantation of a penile prosthesis. It would be interesting to specify in material and methods the number of articles that have been selected for this review. Line 126 speaks of a significant saving in surgical costs, but does not specify how much, nor does it establish a range or estimate of this saving.

REPLY: Thank you for your comment. Since this is a narrative review, coupled by the lack of high-quality studies, the decision is made not to provide a PRISMA guideline in the search methodology. Surgical cost saving is difficult to state since these prostheses are not covered by healthcare insurance in many countries. Furthermore, the cost of the prosthetics varies significantly between countries. The following statement “Unfortunately, it is difficult to provide an actual cost difference (or cost saving) between staged vs sequential surgery since this number is affected by various factors such as the actual cost of the device, third-party or insurance coverage, and hospital payment systems in various institutions or countries” has been added (see Concurrent synchronous dual prostheses implantation section, paragraph 4).

In short, this narrative review provides a summary of the current literature on AUS and penile prosthesis implantation. Given the available data, it is not possible to establish a gold standard since both methods have advantages and disadvantages and the patient's preference, the surgeon's expertise and preference, the availability of prostheses and the patient's anatomy must be considered.

REPLY: Thank you for your comment. I agree with your statement.