

Peer Review File

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Reviewer A:

This is an important topic to which readers will be drawn and gets insufficient attention and a lot of effort has gone into the work.

I am not sure how a synthesis review differs from a systematic review.

Comment1: The methodology appears sound but leaves an element of doubt in the way it is presented - sentences need sharpening up eg lines 86-87 "thoroughly carried out from electronic database like MEDLINE, EMBASE, and Cochrane Library" Does "like" mean there were or weren't included and were there others which have not been mentioned? Exactly how the papers were chosen is not clear - what does "irrelevant" mean for those discarded.

Reply 1: We have updated the wording in line 41

Regarding inclusion, we have only included the papers that have compared midline vs transverse incision only.

Reviewer B:

The authors present a systematic review and meta-analysis of transverse vs midline incisions in LCR.

Comment 2: Title is too long, suggest: Systematic review and meta-analysis of vertical versus midline extraction incisional hernia risk following laparoscopic colorectal resection.

Abstract: rather than alternate objective and aim, just stick with aim or aims.

Line 80, The aim...

Was this study registered with PROSPERO?

While mentioning it, the fact there are only 2RCT's makes the results hard to interpret and will likely not change clinical practice or preference.

Quite a few times there is no space between words and brackets(e.g.) or numbers and months

Reply 2: Title has been amended as per advice.

In the abstract, on line 35, 'objective' changed to 'aim'

Not registered with PROSPERO

Reviewer C:

This manuscript is very interesting and is focused on an important clinical issue in laparoscopic surgery, if an additional minilaparotomy is needed for specimen retrieval or an assisting access to the abdominal cavity.

The authors have performed a meta - analyses using the PRISMA-criteria to assess the literature for evidence regarding incisional hernia development after such minilaparotomies using a transverse versus a vertical incision.

The introduction provides a clear overview on the subject and the open questions. In the method section, the detailed approach of the authors is demonstrated in exploring and

evaluating the literature and using adequate statistics to produce a valuable result.

The results on 25 comparative studies, based on 10362 patients, shows less incisional hernias after a transverse incision for the minilaparotomy: odds 0.30. The authors relativate their result by express concerns because of the significant diversity in the available studies, only 2 being RCTs. There was a remarkable heterogeneity.

This is a valuable study with clinical relevant results, which should be published.

Reply: No changes advised.