



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7505
Title of the Manuscript:	Living with obstetric fistula: challenges and coping strategies among women attending the fistula clinic at Mulago hospital, Uganda
Type of the Article	Original Research Paper

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments	This is a well described and interesting topic. However, due to lack of a follow-up and a comparison with other similar works, it is not clear how this paper will advance the field. Moreover, the following points were observed during the review process: In the Materials and methods section: Because of numerous different aspects regarding the group of patients are mentioned in the manuscript that may confuse readers. I would suggest the authors to present the patient data (demography and outcomes) also in a table or tables. In the Results & discussion section: - The data are robust and statistical analysis should not be necessary. I would advice to present detailed	<i>The design was cross-sectional therefore no follow up.</i> <i>Demographic characteristic and outcomes have been included Table 1. See lines 268-275</i> <i>We have revised and explained in the manuscript as follows; At the time of the study, all the women had been living with the fistula for over a year. Nine out of 30 women (30%) reported to have endured OF for more than 10 years, while 20 of the 30 (70%) had lived with it between two and nine years, and one woman had lived with OF for 40 years. The women reported that they had continued with OF because they were not aware that OF is treatable.</i>



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	outcomes in a table. - It is not clearly explained in the manuscript why 30% of women reported to have endured OF for more than 10 years? The statement “<i>We thought all will be well when she had her first operation however there seemed to be no change in her condition after the operation, and now she has completely lost hope of recovery</i>” may indicate that the fear of unsuccessful surgery was the main reason that refrained women from seeking surgical help. Are there available data on what is a success rate of OF surgery in Uganda? What is a preferable method for VVF repair and whether the less invasive procedures (laparoscopy, laparoendoscopy) are used? The references provided below may be useful to describe this issue. (1) Guzen AS, Teber D, Canda AE, Rassweiller J. Transperitoneal laparoscopic repair of iatrogenic vesicovaginal fistulas: Heilbronn experience and review of the literature. J Endourol 2009;23(3):475–479 (2) Roslan M, Markuszewski M, Bagińska J, et al. Suprapubic transvesical laparoendoscopic single-site surgery (LESS)	Regarding success rate and preferable method of VVF repair including laparoscopy and endoscopy; <i>This study never investigated the success rate following surgical repair or surgical methods and therefore no changes have been made in the manuscript, however from unpublished data in Ministry of health success rate of 70-90% are reported.</i> <i>The preferable method of VVF repair is surgical through abdominal/ vaginal routes. No laparoscopy / endoscopy repairs are reported in Uganda. This is because fistula is seen in anterior vaginal wall and skill is not yet developed. Laparoscopy fistula repairs have been reported in high income countries where there is hardly any OF.</i> <i>We have NOT added these references because the study did not investigate the type of surgery used on women with OF.</i>
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	for vesicovaginal fistula repair: first clinical experience. Videosurgery Miniinv 2012; 7 (4):307–310. - The Conclusion section is based on the data presented in the manuscript. - Some references should be added to explain better issues mentioned above.	<i>We have revised the conclusion to include the date presented. See lines</i> <i>Six references have been added. See lines 265-284</i>
<u>Optional/General</u> comments	I find the topic interesting and, if the paper comes back from revisions significantly improved, would be accepted.	<i>Thank you.</i>