Dear editors and reviewers,

We thank the reviewers’ precious comments to our study. Our study was revised according to the reviewers’ suggestions, and the revised parts of the article was written in red font. In addition to these revisions we found an error in the statistical analysis and corrected the necessary values in the results section.

\* Referee(s)' Comments to Author:

Referee: 1

Comments to the Author:

The article titled “The Results of Long Term Follow Up for Bilateral Single Port Sympathicotomy In Primary Hyperhidrosis: Should We Really Perform This Surgery?” was an interesting read.

The authors have made a good attempt at analysing the common complications after cervical sympathicotomy and their adverse effects on patient satisfaction. The main point, or should I say the single biggest point which the authors are trying to drive home is that, it is the continuation of the primary symptoms (PC) which affects patient satisfaction much more than compensatory HH (CH) contrary to what was earlier believed. However, the main reservation I have about this study is that it is grossly underpowered with merely 31 patients, to draw any meaningful conclusion.

Also, the incidence of PC was significantly higher in the study than standard results. Is there a reason for this ?

Furthermore, in the title, a question is being asked whether the surgery should be performed. But, there is no conclusive answer in this paper ! I agree the answer is very complex but, when you ask such a question in the title, a comparison with medically treated patients would be a more logical method of studying the effects of surgical therapy on patient satisfaction, which would also offer a natural control group.

Also authors have used sympathicotomy in the title and sympatectomy elsewhere which makes it quite confusing for the readers as to which procedure was performed.

If it was sympathicotomy, then comparison with both sympathectomy and medical therapy would be prudent.

And while doing so, you may arrive at a more conclusive answer to the question asked in the title. However, at least 50 patients in each group are required to have any effective power to such a study.

I would encourage the authors to either extend their study to a bigger number or have comparison as stated above and come out with a more impactful study in the near future.

Few minor issues –

1. Please correct the few spelling mistakes that have crept in, in a few places which make it difficult to understand the article – e.g. primer/primary, are used interchangeably. And as mentioned sympathicotomy and sympethectomy are also used interchangeably with abbreviations not making it clear as to what is being implied (This is more than a minor issue !)

2. Arrange the keywords in alphabetical order.

3. “In this prospective study involving bilateral patients who undergone bilateral....” Omit bilateral the first time.

Response:

1.Spelling mistakes were corrected in the manuscript.

2.The keywords were rearranged in alphabetical order.

3.The first “bilateral” was omitted in the sentence “In this prospective study involving bilateral patients who undergone

bilateral....”.

Referee: 2

Comments to the Author:

In the manuscript, the authors present a study regarding the efficiency of bilateral single port thoracoscopic sympatecthomy in patients with primary hyperhidrosis. They included in the study 31 patients. It is an interesting study, but in my opinion this manuscript can not be published in that form. A major revision of the manuscript is required. My observations are :

1. There are a lot of grammar and spelling errors in english. The English language must be revised.

2. Please include in the manuscript some images with the surgical technique that you used.

3. In the third row of the methods section of the manuscript the authors used the abbreviation of PY. The correct abbreviation is PC.

4. Please include in the discussions part of the manuscript some data regarding the limitations of the study.

5. Please include at the end of the manuscript a distinct paragraph of conclusions.

6. The authors stated in the methods part of the manuscript that for the statistical analysis , they used chisquare test and the Fischer exact test. But, thay did not introduce in the manuscript any data regarding the results of this tests.

7. Please include in the manuscript some tables with the results of PC and CH.

Response:

1. Grammar of the article was revised.
2. We cannot add any images of the surgical technique because we did not obtain such information as per the informed consent form of our study.
3. The abbreviation PY was corrected to PC.
4. We added the limitations to ous study in the discussion section.
5. Conclusion part of the article was rearranged as a seperate part.
6. Fisher exact test values were added into the newly added tables according to the revision requested in the 7th row.
7. Two tables added to the results section about PC and CH.