**REVIEWER’S QUERIES RESPONSES**

**Reviewer #1:**
**1 -** Hernia is the displacement of any structure through the wall of its original site recovered by a sac. Specifically the incisional hernia is due to a surgical error during the closure of the wall, which was opened for the surgical procedure. The hernia starts immediately after the failed closure, not after 2 years.

**R1:** We have added in the introduction section that the incisional hernia is due to a surgical error during abdominal wall hernia. Just there is a mal understood point. We have mentioned that the incisional hernia occurred during the follow up of two years and not after two years of the incision closure.

**2 -** The sublay treatment introduces the hernia inside the abdomen and the mesh prevents a new displacement. For this reason the treatment is more prolonged and hard. The onlay does not treat the hernias, which continues to be present out of the abdomen; this treatment only recovers the hernia. For this reason this treatment is in fact faster, but it is only justified when the surgeon is not able to do a good job and does not have a more experient surgeon to show how to perform the hernioplasty.
**R2:** We have mentioned these details in the discussion section as a factor that explain the faster operative time of onlay mesh repair.

**3 -** I could not understand the purpose of comparing these two procedures, but it may be acceptable.
**R3.** In case of primary hernias, this comparison is not applicable. However in case of incisional hernias and essentially in case of patients operated many time (crohn disease, hypothyroidism; parietal fibrin tissues abnormalities…), this subject remain obvious. In addition, few years ago, there was published a meta-analysis performed in the American Journal Of Surgery comparing these two procedures. This meta-analysis has included many retrospective studies and the conclusions were not with strong level of evidence. After that, many surgeons still defend the onlay mesh repair. Additional Randomized Clinical Trials were performed in the last years in well-known journals. Then, we have decided to perform this meta-analysis including only randomized clinical trials to adopt with greater level of evidence the superiority of sublay mesh repair.

**4 -** Wound infection is not related to the hernioplasty or mesh, but it is due to a poor skin antisepsis. The finding result was expected. If a surgeon does not know how to perform a correct hernioplasty may be also unable to adequately clean the skin before the procedure.
**R4:** As concern the wound infection, we have mentioned that many factors influence this outcome. We have added in the discussion section that poor skin antiseptic affect also this outcome.

**5 -** Any subcutaneous foreign body, in this case the mesh, provokes much more seroma than in the deeper abdominal wall.
**R5:** We have added this information in the discussion section on seroma comparison.

**6 -** The onlayer is not followed by a recurrence, but a persistence of the hernia.
**R6:** We have mentioned this remark in the discussion section.

**Reviewer #2:**
Nice effort and well written. It is a good review although it did not add any new knowledge to the literature yet it approves the already known facts.

**Response:** We have no response to mention.