

Peer Review File

Article information: <http://dx.doi.org/10.21037/abs-20-139>

Reviewer A

Comment 1: I congratulate the authors for a well-written review. However, it is more of a `How I do it` or `Personal experience` type of review, with minimal references to the history of the various techniques. Therefore, I would suggest changing the title to reflect most of the senior author`s experience.

Reply 1: Title adjusted in revised manuscript file

I have a few comments regarding the content of the manuscript:

Comment 2: My major criticism is the fact that you mention the use of angio CT for TDAP, but even if you don`t see the perforators there, you still go along with the surgery, stating that intraoperatively you can still find perforators. In this context I don`t understand then the indication for angio CT, since there are no consequences after performing this expensive and minimally-invasive investigation.

Reply 2: While CTA is not strictly necessary, it can expedite intra-operative surgical planning and dissection if vessels are detected; therefore, in our experience, it is still worthwhile to pursue pre-operative imaging despite its limitations. This has now been clarified in the manuscript.

Comment 3: Figure 9 has its lower part cut, with part of its algorithm missing. Moreover, a better arrangement of the text in the boxes (as well as colours) would make it more appealing and easier to read.

Reply 3: Figure 9 re-submitted with adjusted colors and in more compatible file format.

Comment 4: Figure 8 should be re-done and made more professional. Moreover, a TDAP flap doesn`t usually have 2 veins. Even if the authors were referring to the SCIP flap, however, even there, the second vein is usually a subcutaneous vein and not derived from the perforators. I assume that you take the perforator flaps with a short pedicle and you might not reach the main vessels. If this is the case, this fact should also be stated.

Reply 4: In our experience harvesting superthin TDAP flaps, it is very common to encounter two perforators and there is a great variability in the course of these perforators. In this particular case, two arterial perforators joined together and continued as one artery deep to the superficial fascia, and four venae comitantes continued as two veins. This has now been clarified in the figure legend.

Guest Editor:

Comment 1: Regarding reviewer's comment #1, the authors can state more clearly that CTA is not necessary for surgery, particularly since sometimes perforators are not seen, but it is a helpful imaging tool to guide dissection, if available.

Reply 1: While CTA is not strictly necessary, it can expedite intra-operative surgical planning and dissection if vessels are detected; therefore, in our experience, it is still worthwhile to pursue pre-operative imaging despite its limitations. This has now been clarified in the manuscript.

Comment 2: Agree with reviewer's comment #2

Reply 2: Figure 9 re-submitted with adjusted colors and in more compatible file format.

Comment 3: Agree with reviewer's comments #3. The drawing is not clear and the anatomy, as drawn, is confusing. It would be helpful if the authors have an actual flap with similar anatomy to correlate with the diagram.

Reply 3: In our experience harvesting superthin TDAP flaps, it is very common to encounter two perforators and there is a great variability in the course of these perforators. In this particular case, two arterial perforators joined together and continued as one artery deep to the superficial fascia, and four venae comitantes continued as two veins. This has now been clarified in the figure legend.

Comment 4: The paper should be restructured to focus less on historical review and more on the authors' treatment algorithm and technique of VLVT. For example, condensing the conventional indications, pros and cons of LVA, VLNT and liposuction to 1-2 paragraphs. The paper can then be subdivided into sections that discuss indication(s) for VLVT, pre-op evaluation/considerations, technique, post-operative care, pitfalls and complications, and discussion on future directions.

Reply 4: The revised manuscript has been restructured and the aforementioned sections condensed.