OBSTETRICS & GYNECOLOGY

Date: Dec 18, 2020
To: "Elisabeth C Sappenfield" █████████████
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-3055

RE: Manuscript Number ONG-20-3055

Beef Tongue Surgical Simulation Model for Posterior Vaginal Repair

Dear Dr. Sappenfield:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jan 08, 2021, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

The presented Procedures and Instruments manuscript is a description of a simulation model for posterior vaginal repair using a modified beef tongue. Simulation in surgical training is certainly an extremely important tool.

1. Abstract: Line 55: consider removing "for obstetrics and gynecology residents" as the model could also be useful for other types of trainees (e.g. Urology).
2. Introduction: Line 87: consider adding that the model could be useful for training for traumatic perineal injuries, hematoma, etc. Could be applicable beyond even OBGYN and Urology.
3. Methods: Line 140: if you use each side of two pieces, wouldn't it be 4 models per beef tongue?
4. Discussion: Line 186: spell out the term OSATS. Line 194: it appears that the wrong reference was included for #23.
5. The video is an excellent adjunct.

Reviewer #2:

Thank you for allowing me to review your manuscript on the creation of a Beef Tongue Surgical Simulation Model for Posterior Vaginal Repair. The manuscript is neat, concise, and greatly enhanced by high-quality images and a video. It builds on a previously widely accepted model for perineal procedures, with a novel application to this particular procedure. It is clear that great effort went into the creation of the model and its presentation. At this time, the manuscript's main limitation is lack of construct validity for this particular application.

Introduction:
***Builds a solid argument for the need of simulation in OBGYN residency training, particularly during the COVID pandemic
***Acknowledges that the beef tongue model for repair of 4th degree lacerations is not novel, but its adaptation to the posterior repair in urogynecology is

Methods:
***The instructions for the creation of the model are clear and easy to follow
***The video is of great quality and a great addition to the manuscript

***The idea to place the model in a tube to simulate the vaginal canal is clever
***Lines 124-125: please add letter labels to figure 1, c and d as references in these lines

Discussion:
***Provides an overview of the strengths of the model and its prior validation as a pelvic surgery model in the contexts of other procedures
***Highlights the major limitation of the study, lack of construct validity

Figures and Video:
***Clear and relevant
***See comment above regarding labeling of figure 1

Reviewer #3: Reviewer Comments to the Author:

Strengths:
- You present a very nice simulation model that should be familiar to most in surgical education (i.e. the beef tongue model) and adapted it well for teaching posterior vaginal repair, which has not previously been published on.
- This model is especially useful for trainee programs where urogyn or vaginal procedure exposure is limited.

Weaknesses:
- A great deal of the manuscript is focused on construction of the beef tongue model for vaginal repair which is quite similar to that of perineal laceration repair. This manuscript would actually be strengthened by highlighting how the posterior repair is performed on this model (see Line by Line comments below) as educators may already be aware of construction of a beef tongue model with chicken skin from older studies.
- This model has not been validated before for posterior vaginal repair and it has not been proven to improve clinical efficiency or skills in the OR after its use. Since many readers are already familiar with the beef tongue model, this study is lacking in not providing validation and clinical competency assessment data.
- Feedback was provided solely by trainees, who you admit are limited in their experience and exposure to posterior vaginal repairs. Study would be strengthened if the validity of the model were rated by trained surgeons who are familiar with posterior colporrhaphy.

Line by Line Feedback:
Line 108: would shorten sentence and adjust grammar for clarity "...and are *a* valuable supplement to residency training."

Line 126: An important 'landmark' or structure that you have not mentioned in this sentence is the vaginal muscularis, the layer that is plicated during posterior colporrhaphy. You should definitely highlight this.

Line 137: You should also mention the estimated amount of time it takes to construct the model.

Line 146: I think it would be helpful to reference your video here, as it nicely demonstrates the utility of this model in performing a traditional posterior colporrhaphy, e.g. "Completion of a traditional posterior vaginal repair can be seen in Video 1".
Although to be completely honest, it would be easier and more impactful for readers if you selected images from your video and put them together in a separate figure: "Figure X: Selected images of a traditional posterior vaginal repair including 1) Dissection of the vaginal muscularis off the vaginal epithelium, 2) Plication of the muscularis, 3) Performance of the perineorrhaphy, 4) Trimming and closure of vaginal epithelium" or something along those lines.

Line 194: I think you have the wrong citation listed in your references (#23). I believe the correct citation for the Geoffrion study is
Geoffrion R, Suen MW, Koenig NA, Yong P, Brennand E, Mehra N, Larouche M, Lee T, Todd NJ. Teaching Vaginal Surgery to Junior Residents: Initial Validation of 3 Novel Procedure-Specific Low-Fidelity Models. J Surg Educ. 2016 Jan-Feb;73(1):157-61. doi: 10.1016/j.jsurg.2015.09.004. Epub 2015 Dec 22. PMID: 26706397.

Line 200: Feel free to omit this, but food for thought: For surgeons trained in performing/teaching site-specific posterior repair, you could also suggest alteration of the model with creation of defects in the muscularis during model set-up, and use of the rectal finger to identify these and perform a site-specific repair. This is certainly an added benefit of having this beef-tongue model with the anal sphincter present.

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:
A.   OPT-IN: Yes, please publish my point-by-point response letter.
B.   OPT-OUT: No, please do not publish my point-by-point response letter.

2. Obstetrics & Gynecology uses an "electronic Copyright Transfer Agreement" (eCTA). When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. Responsible reporting of research studies, which includes a complete, transparent, accurate and timely account of what was done and what was found during a research study, is an integral part of good research and publication practice and not an optional extra. Obstetrics & Gynecology supports initiatives aimed at improving the reporting of health research, and we ask authors to follow specific guidelines for reporting randomized controlled trials (ie, CONSORT), observational studies (ie, STROBE), observational studies using ICD-10 data (ie, RECORD), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA), harms in systematic reviews (ie, PRISMA for harms), studies of diagnostic accuracy (ie, STARD), meta-analyses and systematic reviews of observational studies (ie, MOOSE), economic evaluations of health interventions (ie, CHEERS), quality improvement in health care studies (ie, SQUIRE 2.0), and studies reporting results of Internet e-surveys (CHERRIES). Include the appropriate checklist for your manuscript type upon submission. Please write or insert the page numbers where each item appears in the margin of the checklist. Further information and links to the checklists are available at http://ong.editorialmanager.com. In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, PRISMA, PRISMA for harms, STARD, STROBE, RECORD, CHEERS, SQUIRE 2.0, or CHERRIES guidelines, as appropriate.

4. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions and the gynecology data definitions at https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-gynecology-data-definitions. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Original Research reports should not exceed 22 typed, double-spaced pages (5,500 words); Case Reports should not exceed 8 typed, double-spaced pages (2,000 words); Review articles should not exceed 25 typed, double-spaced pages (6,250 words); Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words); Clinical Practice and Quality articles should not exceed 22 typed, double-spaced pages (5,500 words); Procedures and Instruments articles should not exceed 8 typed, double-spaced pages (2,000 words); Personal Perspectives essays should not exceed 12 typed, double-spaced pages (3,000 words); Clinical Conundrums articles should not exceed 6 pages (1,500 words); Questioning Clinical Practice articles should not exceed 6 pages (1,500 words); Research Letters articles should not exceed 2.5 pages (600 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

6. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

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* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

7. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

8. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limit for Procedures and Instruments is 200 words. Please provide a word count.

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9. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com /ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

10. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

11. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

12. Please review examples of our current reference style at http://ong.editorialmanager.com (click on the Home button in the Menu bar and then "Reference Formatting Instructions" document under "Files and Resources). Include the digital object identifier (DOI) with any journal article references and an accessed date with website references. Unpublished data, in-press items, personal communications, letters to the editor, theses, package inserts, submissions, meeting presentations, and abstracts may be included in the text but not in the reference list.

In addition, the American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found at the Clinical Guidance page at https://www.acog.org/clinical (click on "Clinical Guidance" at the top).

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13. Figure 1: Please check n values (205-150 doesn't equal 52). Please upload as a figure file on Editorial Manager.
Figure 2: Please upload as a figure file on Editorial Manager.
Figure 3: Please upload a version without labels, these will be added back per journal style. Please upload as a figure file on Editorial Manager.

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If the figures were created using a statistical program (eg, STATA, SPSS, SAS), please submit PDF or EPS files generated directly from the statistical program.

Figures should be saved as high-resolution TIFF files. The minimum requirements for resolution are 300 dpi for color or black and white photographs, and 600 dpi for images containing a photograph with text labeling or thin lines.

Art that is low resolution, digitized, adapted from slides, or downloaded from the Internet may not reproduce.

14. The video would accompany your article as supplemental digital content on the Green Journal web site, be displayed in the journal's video gallery, and also be uploaded to the journal's YouTube channel (if deemed appropriate by the editors). If you have questions, please contact the journal's production editor at obgyn@greenjournal.org.

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If you choose to revise your manuscript, please submit your revision through Editorial Manager at http://ong.editorialmanager.com. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:
    * A confirmation that you have read the Instructions for Authors (http://edmgr.ovid.com/ong/accounts/authors.pdf), and
    * A point-by-point response to each of the received comments in this letter. Do not omit your responses to the Editorial Office or Editors' comments.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Jan 08, 2021, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

John O. Schorge, MD
Associate Editor, Gynecology

2019 IMPACT FACTOR: 5.524
2019 IMPACT FACTOR RANKING: 6th out of 82 ob/gyn journals

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In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: https://www.editorialmanager.com/ong/login.asp?a=r). Please contact the publication office if you have any questions.

January 5, 2020

Submission of revisions of manuscript "Beef Tongue Surgical Simulation Model for Posterior Vaginal Repair"

The Editors
Obstetrics and Gynecology

Dear Editors,

Thank you for the opportunity to submit our revised manuscript, "Beef Tongue Surgical Simulation Model for Posterior Vaginal Repair". We are encouraged to receive such favorable reviews and believe that our manuscript has been strengthened by the reviewers' and editors' comments.

The reviewers pointed out that a weakness of the manuscript reported in the manuscript as well as by the reviewers is the lack of construct validity testing. While we acknowledge this, we would like to point out that we are specifically submitting this manuscript under the "Procedures and Instruments" section of the journal with the aim of describing a novel application of the beef tongue model. We reviewed other publications in the *Obstetrics and Gynecology* journal under this section (a few examples include (1) *Cho M, Ulrich A, Lam C et al. A novel Procine Stomach Tissue Model for Laparoscopic Colpotomy Simulation, Obstetrics & Gynecology: July 2019 – Volume 134 – Issue 1- p 163-168; (2) Myers E, Anderson-Montoya B, Fasano H, et al. Robotic Sacrocolpopexy Simulation Model and Associated Hierarchical Task Analysis, Obstetrics & Gynecology: May 2019 – Volume 133 – Issue 5 – p 905-909; (3) Kerbage Y, Cosson M, Hubert T Multiparous Ewe as a Model for Teaching Vaginal Hysterectomy Techniques, Obstetrics & Gynecology: December 2017 – Volume 130 – Issue 6 – p 1276-1278*) and believe our submission fits this format. The beef tongue model has been validated for obstetrical laceration and was found to be authentic to the texture of the vaginal tissue, making it suitable for other vaginal repair models, such as the posterior vaginal repair. Residency programs across the country commonly use a beef tongue model for obstetrical laceration education, making this model easily adaptable for vaginal surgery skill education. The authors are skilled at performing posterior vaginal repair and feel the model is realistic. Our next steps will involve construct validity testing and evaluation of resident performance after incorporating this model into our simulation curriculum.

The authors confirm that they have read the Instructions for Authors.

A point-by-point response to each received comment is listed below.

If you have any questions about the manuscript, I will be serving as the corresponding author. Thank you so much for your consideration.

Sincerely,

Elisabeth Sappenfield, MD

REVIEWER COMMENTS:

Reviewer #1:

The presented Procedures and Instruments manuscript is a description of a simulation model for posterior vaginal repair using a modified beef tongue. Simulation in surgical training is certainly an extremely important tool.

1. Abstract: Line 55: consider removing "for obstetrics and gynecology residents" as the model could also be useful for other types of trainees (e.g. Urology).

- **Great point! In lines 54-55, the sentence has been changed to "This surgical simulation model for vaginal posterior repair is designed to enhance vaginal surgical training." Line 64 was changed to "It can be incorporated into a vaginal surgery curriculum to augment resident surgical education."**

2. Introduction: Line 87: consider adding that the model could be useful for training for traumatic perineal injuries, hematoma, etc. Could be applicable beyond even OBGYN and Urology.

- **Thank you for pointing this out. In lines 83-87, the sentence has been changed to "In addition, the skill set needed to perform the posterior vaginal repair incorporates knowledge of the anatomy and techniques that are applied to other common and necessary procedures such as vaginal excisional biopsies, Bartholin gland excisions, and management of traumatic perineal injuries and vulvar hematomas."**

3. Methods: Line 140: if you use each side of two pieces, wouldn't it be 4 models per beef tongue?

- **Thank you for pointing this out. This has been updated from two to four single-sided models in line 138.**

4. Discussion: Line 186: spell out the term OSATS. Line 194: it appears that the wrong reference was included for #23.

- **The term OSATS has been spelled out as "Objective Structured Assessment of Technical Skills (OSATS)" in lines 193-194.**
- **Thank you for catching reference 23. It has been updated with the correct reference.**

5. The video is an excellent adjunct.

Reviewer #2:

Thank you for allowing me to review your manuscript on the creation of a Beef Tongue Surgical Simulation Model for Posterior Vaginal Repair. The manuscript is neat, concise, and greatly enhanced by high-quality images and a video. It builds on a previously widely accepted model for perineal procedures, with a novel application to this particular procedure. It is clear that great effort went into the creation of the model and its presentation. At this time, the manuscript's main limitation is lack of construct validity for this particular application.

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***Builds a solid argument for the need of simulation in OBGYN residency training, particularly during the COVID pandemic
***Acknowledges that the beef tongue model for repair of 4th degree lacerations is not novel, but its adaptation to the posterior repair in urogynecology is

Methods:
***The instructions for the creation of the model are clear and easy to follow
***The video is of great quality and a great addition to the manuscript
***The idea to place the model in a tube to simulate the vaginal canal is clever
***Lines 124-125: please add letter labels to figure 1, c and d as references in these lines

- **Thank you for pointing this out. Figure 1 has been updated to include C and D labels.**

Discussion:
***Provides an overview of the strengths of the model and its prior validation as a pelvic surgery model in the contexts of other procedures
***Highlights the major limitation of the study, lack of construct validity

Figures and Video:
***Clear and relevant
***See comment above regarding labeling of figure 1

- **Thank you for catching this error. As mentioned above, figure 1 has been updated with C and D labels.**

Reviewer #3: Reviewer Comments to the Author:

Strengths:
-      You present a very nice simulation model that should be familiar to most in surgical education (i.e. the beef tongue model) and adapted it well for teaching posterior vaginal repair, which has not previously been published on.
-      This model is especially useful for trainee programs where urogyn or vaginal procedure exposure is limited.

Weaknesses:
-      A great deal of the manuscript is focused on construction of the beef tongue model for vaginal repair which is quite similar to that of perineal laceration repair. This manuscript would actually be strengthened by highlighting how the posterior repair is performed on this model (see Line by Line comments below) as educators may already be aware of construction of a beef tongue model with chicken skin from older studies.
-      This model has not been validated before for posterior vaginal repair and it has not been proven to improve clinical efficiency or skills in the OR after its use. Since many readers are already familiar with the beef tongue model, this study is lacking in not providing validation and clinical competency assessment data.
-      Feedback was provided solely by trainees, who you admit are limited in their experience and exposure to posterior vaginal repairs. Study would be strengthened if the validity of the model were rated

by trained surgeons who are familiar with posterior colporrhaphy.

- **We appreciate the reviewer's comments and feel that our submission of the model description fits well in this section of the Green Journal.**
- **While it is true that the trainees had performed limited number of posterior repairs independently, being in their 3rd and 4th year of training and having had 1-2 urogynecology rotations, they have all assisted on these repairs and therefore have enough insight to comment if the model is realistic. We added the following Line 151-152: "Residents in their third and fourth year of training (PGY3 and PGY4) who had completed one or two months on a Urogynecology rotation participated in this education session."**

Line by Line Feedback:
Line 108: would shorten sentence and adjust grammar for clarity "…and are *a* valuable supplement to residency training."

- **Thank you for pointing this out. Line 106-107 has been updated to state "Simulation models for gynecologic surgery are instrumental in preventing the decline of surgical skills and are a valuable supplement to residency training."**

Line 126: An important 'landmark' or structure that you have not mentioned in this sentence is the vaginal muscularis, the layer that is plicated during posterior colporrhaphy. You should definitely highlight this.

- **Thank you for pointing this out. Vaginal muscularis has been added to line 124 to highlight the important structure.**

Line 137: You should also mention the estimated amount of time it takes to construct the model.

- **The following has been added to Line 135-136 in order to mention the required time for construct "The initial total construction time for this model is about thirty minutes: 10 minutes for the base model and about 20 minutes per tongue."**

Line 146: I think it would be helpful to reference your video here, as it nicely demonstrates the utility of this model in performing a traditional posterior colporrhaphy, e.g. "Completion of a traditional posterior vaginal repair can be seen in Video 1".

- **Thank you for the recommendation. We have added the following in line 144: "The attached video illustrates the steps of the traditional posterior vaginal repair using the model."**

Although to be completely honest, it would be easier and more impactful for readers if you selected images from your video and put them together in a separate figure: "Figure X: Selected images of a traditional posterior vaginal repair including 1) Dissection of the vaginal muscularis off the vaginal epithelium, 2) Plication of the muscularis, 3) Performance of the perineorrhaphy, 4) Trimming and closure of vaginal epithelium" or something along those lines.

- **Thank you for this idea. The following was added to Line 144-148: "The attached video illustrates the steps of the traditional posterior vaginal repair using the model. Figure 5 includes selected images from the video highlighting key steps of the procedure: the vaginal incision (Figure 5A), vaginal dissection (Figure 5B), plication of the muscularis and perineorraphy (Figure 5C), trimming of vaginal epithelium (Figure 5D), and vaginal epithelium closure and performance of rectal examination (Figure 5E)."**

- **We included Figure 5 as a single image but will be happy to provide separate images per editors' request.**

Line 194: I think you have the wrong citation listed in your references (#23). I believe the correct citation for the Geoffrion study is

Geoffrion R, Suen MW, Koenig NA, Yong P, Brennand E, Mehra N, Larouche M, Lee T, Todd NJ. Teaching Vaginal Surgery to Junior Residents: Initial Validation of 3 Novel Procedure-Specific Low-Fidelity Models. J Surg Educ. 2016 Jan-Feb;73(1):157-61. doi: 10.1016/j.jsurg.2015.09.004. Epub 2015 Dec 22. PMID: 26706397.

- **Thank you so much for pointing out this error! Reference 23 has been updated.**

Line 200: Feel free to omit this, but food for thought: For surgeons trained in performing/teaching site-specific posterior repair, you could also suggest alteration of the model with creation of defects in the muscularis during model set-up, and use of the rectal finger to identify these and perform a site-specific repair. This is certainly an added benefit of having this beef-tongue model with the anal sphincter present.

- **This is an excellent point. The following sentence has been added to line 208-211: "For surgeons desiring to teach site-specific posterior vaginal repair, the model can be altered during set-up to create defects in the vaginal muscularis allowing for identification and repair of site-specific defects by utilization of the anal canal."**