

## Response to: Microsurgical principles should be considered in studies addressing adhesion prevention: Çağlar et al. (2014)

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We appreciate having the opportunity to respond to the comments and concerns raised by Dr. Mynbaev and colleagues [1]. As already mentioned in the manuscript, our aim was to evaluate the effects of gelatin–thrombin matrix on postoperative adhesion formation [2]. We did not use microsurgical techniques in the present study and therefore we did not discuss the use of gelatin–thrombin matrix during microsurgical procedures.

Due to the fact that myomectomy and most ectopic pregnancy procedures are performed as a planned surgery on a schedule, it would be erroneous to consider the operations conducted in the cited articles as emergency procedures. The gelatin–thrombin matrix has been used as an alternative treatment option in the cited studies of postpartum hemorrhage [3, 4]. Despite the fact that other studies cited in the present study reported bowel obstruction associated with the use of gelatin–thrombin matrix, these studies were cited to set an example for the use of gelatin–thrombin matrix in gynecologic oncology operations and gynecologic operations [5, 6].

As mentioned in the methods section of the manuscript, the sample size was determined on the basis of 3R (replacement–refinement–reduction) rule and in accordance with the decisions of ethics committee and not using power analysis. Furthermore, post hoc power analysis was performed for the variables that were found to be statistically significant using the demo version of PASS software v.11. The power analysis performed for four variables that

showed significant difference yielded a minimum 94 % power: extent of fibrosis, 99 %; inflammation score, 99 %; inflammatory cell activity, 94 %; and SOD activity, 99 %, respectively.

**Conflict of interest** None.

### References

1. Mynbaev O (2014) Microsurgical principles should be considered in studies addressing adhesion prevention: Çağlar M, Yavuzcan A, Yıldız E, Yılmaz B, Dilbaz S, Kumru S (2014) Increased adhesion formation after gelatin–thrombin matrix application in a rat model. Arch Gynecol Obstet. doi:10.1007/s00404-014-3358-6
2. Çağlar M, Yavuzcan A, Yıldız E, Yılmaz B, Dilbaz S, Kumru S (2014) Increased adhesion formation after gelatin–thrombin matrix application in a rat model. Arch Gynecol Obstet. doi:10.1007/s00404-014-3249-x
3. Law LW, Chor CM, Leung TY (2010) Use of hemostatic gel in postpartum hemorrhage due to placenta previa. Obstet Gynecol 116:528–530
4. Lemmer R, Albrecht M, Bauer G (2012) Use of FloSeal hemostatic matrix in a patient with severe postpartum hemorrhage. J Obstet Gynaecol Res 38:435–437
5. Hobday CD, Milam MR, Milam RA, Euscher E, Brown J (2009) Postoperative small bowel obstruction associated with use of hemostatic agents. J Minim Invasive Gynecol 16:224–226
6. Clapp B, Santillan A (2011) Small bowel obstruction after FloSeal use. J Soc Laparoendosc Surg 15:361–364

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