Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	**Ms_JAMMR_54616**
Title of the Manuscript:	**Review of Gynaecological Diagnoses and Surgeries performed at a tertiary health facility in Niger-Delta of Nigeria from 2012-2017: Implications for healthcare planning and budgeting.**
Type of the Article	**Original research article:**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
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PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments		
Minor REVISION comments	This is a very interesting research. It reflected the current medical situation of Niger-Delta of Nigeria. The situation is much different from Chinese tertiary hospital. 1. there is a decline in clinic consultations from about 2000 patients to 800 patients over the 6-year period. I wander whether the patients do not go to the hospital if the government do not pay the bill, or the patients will go to other hospital. 2. I do not find the data on cervical diseases. CIN or cervical cancer. How about TCT/LCT test and HPV test in Nigeria. In china, cervical diseases patients make up a large portion in the total outpatients 3. laparoscopic surgery is the tread of the gynecology surgery. Over 90% of the surgery is performed by the laparoscopy. Maybe the government should invest more money on it , if possible 4. MVA for abortions are usually performed in outpatients department and the patients went back home after anaesthesia. It will save healthy resource.	1. The answer is surprisingly yes. Poverty makes many women carry their disorders for a long time until it becomes late or an emergency. They cannot try other (private) hospitals, which are >3x in cost. 2. Our centre refers cases to 'cancer centre's after diagnosis, so you will find EUA+Biopsy 14.3% of minor surgeries. At presentation they are lumped as suspected pelvic malignancies 3.4% (table 2A). 3. That's the idea and possible impact of this study. The need for diagnostic and therapeutic laparoscopy at our centre is explicitly stated in the conclusion. Also the need for assisted reproduction, both of which are non-existent. 4. Similarly they are performed as day-case but in an 'MVA Room' in the gynae ward. Only cases of incomplete abortion with severe blood loss are admitted.
Optional/General comments		

PART 2:

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	