Statistical editor comments

The description of the statistics in the Methods is clear, and the detail is adequate. The choice of nonparametric methods is highly appropriate given the likely distribution of the data being analyzed. Setting the alpha or critical p at <.01 is appropriate given the sample sizes involved and presenting multiple p values.

Thank you for your kind comments.

The percentages could be reported with a consistent number of decimals (preferrably zero or one, to avoid pseud-precision and to enhance readability. Overall, no concerns and much to like.

Thank you for your suggestion. We have edited the WikiJournal Preprints page to reflect a consistent number (one) of decimals.

Editorial review

We recommend that for the third panel, in your visual abstract you switch the thumbs up & comments pictograms with the text section. So that the pictures come before the text. This is because we are of the opinion pictures are primary to text, for the visual abstract. Also, it seems the denominator is per 1000 views, which might not be clear from the abstract (results) and visual abstract. Please may you clarify this.

Thank you for your comment. We have made the changes as suggested and have attached a 3rd version of the visual abstract to this email.

For the further research discussion, please may you consider adding qualitative thematic assessment of video comments?

Thank you for your question. Unfortunately, we did not collect data on the qualitative themes of video comments at the time of this study and will be unable to provide that data at this time.

"Physicians should consider partnering with patient advocates to improve viewer interaction" Although this is a logical extrapolation the authors may be going beyond the actual data provided. Although the quoted statement is the central conclusion, there is limited consideration of literature linking collaboration between patients and physicians and a subsequent increased video interaction by viewers. Is the ultimate aim increasing viewer interaction for the sake of it, or improving hysterectomy recovery?

Thank you for this excellent point. There is limited data on partnerships between physicians and patient advocates as far as Youtube videos is concerned. As you stated, although this is a logical extrapolation, we do not have the data to support this conclusion. While the ultimate goal is to improve hysterectomy recovery, further

research is needed to better qualify the effect of social media on surgical recovery for patients. We have therefore removed the line "Physicians should consider partnering with patient advocates to improve viewer interaction" from both, the abstract conclusion and the final conclusion paragraph.

Data was upto 2017. Could the results have been magnified since then, given the increased use of video platforms? A temporal discussion may be apt.

Thank you for your valid question. With the explosive and continued growth of social media, including platforms like Twitter and Instagram, the exact numbers of videos have likely changed but, based on the 12 years of data and almost 1,000 videos we analyzed, we believe that the trend is likely preserved.
We have added the following to the limitations of our study "This study was limited to videos published up to 2017. Based on the growth of social media, the videos pertaining to hysterectomy recovery have likely increased over the last 3 years. However, given the 12-year data and almost 1,000 videos analyzed, we postulate that trends in viewer interaction remain constant."