

Peer Review File

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Reviewer A:

Comment 1: ABSTRACT:

- line 16: remove "see" as it's misplaced

- line 20: "a" should be "an" (grammar)

Response: Corrections made.

Comment 2: Intro: line 31: you used "in the form of" twice in the same sentence. please edit.

- "historically, management...." should include all forms of surgical intervention: for example, obstructions can be from a volvulus which require decompression from below with a scope, or perforated diverticulitis which may be amenable to a drain +/- resection w anastomosis. I assume in this sentence you meant decompression from above? Please clarify and please elaborate on this intro to be more inclusive.

Response: Paragraph rephrased to provide an overall introduction to the topic which is more inclusive

Comment 3: METHODS:

- need to expand on what date range you searched; any exclusion criteria; what types of studies were included/excluded (ie. case reports/series, randomized trials, etc). Did you only include adult studies or did you include pediatrics? any age range restrictions? Be VERY clear on your criteria please.

Response: Rephrased to be more specific.

Comment 4: Aetiology: line 44: (TABLE #??) what table are you referencing? give it a number and label the table accordingly.

Throughout the entire manuscript, you make statements without any specific reference - please provide references where appropriate. This is a recurrent theme in most paragraphs.

Response: Corrected table referencing error. Thank you for the general feedback regarding specific citation. We have taken this into consideration and substantially added to this throughout this manuscript as highlighted throughout the revised document.

Comment 5:

- provides no recommendations for the reader. did you gain anything from the literature review to summarize and help prioritize based on diagnosis/presentation/etc? Overall, the organizational structure of this manuscript is lacking. This seems like a review article without any structure. Some headings are followed by a period and others a colon and others nothing, creating a confusing structure.

A graphic to help organize could be helpful

Response: Summaries have been added to each topic, summarizing our suggested treatment algorithms and opinions considering the literature presented. With these, we have added flow diagrams as a visual aide. The overall structure of the document has also been modified.

Reviewer B:

Comment:

Well done on covering so much ground within the word limit provided.

Attempting to cover a chapter's worth of content in a single review inevitably leads to a over summarization/simplification of the issues at play.

I would like to see this article halved into a part 1/2 format - with more in depth discussion around the use of SEMS.

This topic is definitely seasonal and relevant - hence with a major revision it should be able to provide the impact it has the potential to.

Response: Thank you for the important suggestion. There is a substantial amount of material to present and it could certainly be extended and detailed over two parts. In line with the other reviewers and the publication policy, the manuscript has been reworked within the existing word limit but modified to encompass the principle points in detail but remaining succinct as a single

review. We have however substantially re-worked the SEMS section in line with your suggestions.

Reviewer C:

Comment: This review from Drs. Rajan and Clark aims to summarize the data on management strategies for patients presenting with large bowel obstructions. More specifically, the authors focus on the different interventions, including surgery, for these often challenging cases. This review is thorough in its scope while being focused and of interest to the readership. This manuscript would be beneficial to the MIS surgical community but does need minor revisions for publication. The most significant issue is the presentation of data without adequate citation, which occurs in numerous parts of the manuscript. As an example, on page 3 the authors state, "Plain abdominal x-rays, supine and erect, are easy and available diagnostic tools with an 81-84% sensitivity and 72% specificity."

It is essential that remarks of this nature be attributed to the correct source. There are several insufficient citations in the paper. If corrected, I recommend accepting this manuscript for publication.

Response: Thank you for your constructive feedback. We have noted the absence of several missing citations throughout the manuscript and have substantially reworked the manuscript to include these throughout the manuscript as highlighted.