

# Peer Review File

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## Reviewer A

The title was clear and explain what the study is measuring

Appropriate methodology was used

The authors followed rational steps in explaining the importance of the study

Appropriate highlights of the advantage and disadvantage of using bowel preparation starting from wider view on the debate to use or not to use bowel preparation and focused on a sharp conclusion.

Relevant references were used to support the discussion.

The authors referred to factors which could have influenced the outcomes, preferably if referred to the sample size as expected to be higher in survey studies.

In a survey the sample size is expected to be higher to draw a conclusion but the study was able to deliver the message.

This is a good study

## Reply

Thanks for your comments. I am very grateful to your comments for the manuscript. There is a continuous debate on the role of bowel preparation in colorectal surgery. We want to use this survey to clarify the views of Chinese surgeons on bowel preparation. The pros and cons of bowel preparation are described in detail in our article. The sample size was not enough indeed. This may affect the credibility and accuracy of our survey. We hope our future study will cover more participants to draw a more convincing conclusion.

## Reviewer B

This paper deals with current practice patterns regarding preoperative bowel preparation for colorectal surgery and is written in a very comprehensive manner and I think this deserves to be accepted. As you have pointed out, this study didn't reveal the difference between colon and rectal surgery, which is a somewhat important matter as we know that two types of surgeries could be quite different in terms of postoperative recovery and anastomosis. However, the authors did present their information very well and the discussion also gives us current practice patterns of other countries.

## Reply

Thanks for your comments. As you mentioned, our study didn't demonstrate bowel preparation of the colon and rectum separately, as well as open and laparoscopic surgeries. With the development of ERAS, a growing number of colorectal surgeries do not require rigorous bowel preparation. Some colon surgeries require only enema to prepare the bowel, or even no intervention. The opinion of bowel preparation has changed with advances in medical technology. We hope that our future study will be more detailed. Colon and rectal surgery, laparoscopic and open surgery will be studied separately so that we can draw further conclusions.

### **Reviewer C**

It shows you suffer from the same dilemma as surgeons in the United States. MBP was begun with no evidence to support it. To this day, when separated from OAP has never been shown to diminish risk of bleeding, never shown to reduce the incidence of anastomotic leak and never shown to power the risk of SSI. As a descriptive study there are no changes needed in the data, But you can be more careful looking at benefits of MBP, when separated from OAP.

### **Reply**

Thanks for your comments. Based on the results of our survey, surgeons attach importance to bowel preparation because they think it can reduce risks of bleeding, anastomotic leak and SSI. Britain and Canadian guidelines indicated that stopping the routine use of MBP can improve quality of patient care and productivity savings. Opponents of MBP argue that it can damage the intestinal mucosal barrier and trigger discomfort among patients. Kiran's study, the largest and most well-documented study to date, support the adoption of a simple preoperative bowel preparation regimen that combines MBP and oral antibiotics before elective colorectal resection. We think bowel preparation should not be omitted in high-grade colorectal surgery.