

Peer Review File

Article information: <https://dx.doi.org/10.21037/dmr-23-7>

Review Comments

Reviewer A

Comment 1

Abstract: Do not use abbreviations in the abstract.

Response1: Thank you for your comment. No abbreviations in the abstract

Comment 2

Line 38: Is it 280.0 or 280,000 worldwide?

Response:2 It is 280,000, We fixed the text.

Comment 3:

Line 40: Similarly, is it 187 or 187,000?

Response3: Same as comment 2, thank you

Comment 4:

Table 1: The table needs to be better organized, and the wording needs to be improved. For example, I am unsure what the authors mean and why it is included in the table when it says symptoms improved in the GERD group, as the table summarizes the current literature on post-sleeve GERD incidence.

Response4: The table was reorganized, with the year of publication included and more info added. Wording was revised.

Comment 5:

Line 262: Explain in 1-2 lines what is Roux-en-Y Gastric Bypass.

Response5: Done

Comment 6:

Line 306: After this paragraph, write a few sentences about TIF for completeness, as it is a novel technique to treat GERD with an adverse event rate less than NFP or stretta procedure. Use such high-quality review article as a reference:

Ajmera K, Thaimuriyil N, Shah N. Recent Advances in the Endoscopic Management of Gastro-esophageal Reflux Disorder: A Review of Literature. Cureus. 2022 Jun 22;14(6):e26218. doi: 10.7759/cureus.26218. PMID: 35784968; PMCID: PMC9249035.

Response6: Thanks for the comment. We added: TIF procedure:

This minimally invasive procedure uses implantable fasteners to create a fold of tissue at the esophagus's base to help prevent stomach acid flowing back up into the esophagus (42). Although there is no evidence in the literature supporting the use of the TIF procedure for treating GERD in patients who have undergone SG, it is a procedure that needs further studies.

-Overall, it is a well-written article that covers most of the aspects of GERD post-SG and its management. The conclusion is well supported by evidence.

Reviewer B

There are major grammatical and structural problems with the English language used in manuscript writing. In some instances, the entire meaning of the sentences are incomprehensible. I suggest employing a professional to rewrite and proof read the article before considering resubmission of the paper.

The figures and table in the manuscript are not mentioned in the text itself. They should be quoted when the readers are supposed to look at them along the manuscript.

Comment 1:

Lines 15-16 - EE (erosive esophagitis) and BE (Barrett's esophagus) are not understood abbreviations within the abstract for the general reader.

Response1: Thanks for the comment. No abbreviations in the abstract.

Comment 2:

Line 19 - ... complaining of GERD symptoms are UGE and...

Response2: Thanks for the comment. No abbreviations in the abstract..

Comment 3:

Line 31 - Barrett's

Response3: Fixed

Comment 4

Line 40 - some reluctance to what? (to admit that SG increases reflux?) The entire sentence needs rephrasing

Response4: Again, thank you for the comment. Fixed

Comment 5

Line 42 - "section" vs "division" of the sling fibers

Correction5: Division, fixed

Comment 6

Line 44 - No need to spell out GERD again as this is already done in line 35

Response 6: Fixed, thanks

Comment 7

Line 45 - "a significant number of Barrett's esophagus than the general population".

Correction7: That sentence was deleted

Comment 8

Lines 47-49. Your sentences here are contradicting each other. At first, there is. However, there is no consensus on the same thing!

Response 8: We fixed the text. "Although based on limited data, there is reasonable agreement on screening patients before and after SG using endoscopy (8). However, there is no consensus on when to employ other diagnostic options during postoperative follow-up."

Comment 9

Line 112

Table 1

Year of publication is important for this table.

Rebecchi at al. - Please quantify how many are in the GERD group and why “Symptoms improved in the GERD group”.

Daes at el. - With 50% loss of follow-up at 12 months, this reference has no basis for being mentioned here.

Response 9: Table corrected and improved and Daes paper removed. Rebecchi patients were quantified and the form of improvement displayed.

Qumseya et al. 13% increase in the risk of esophagitis every year postoperatively - Does that mean in 8 years postoperatively, 100% of patient would have suffered GERD symptoms? What is “ej. risk of EE or GERD”?

Response 9: No, the 13% increase in the risk of esophagitis every year postoperatively does not necessarily mean that 100% of patients would have suffered from GERD symptoms after 8 years postoperatively. We added the paragraph below

Nevertheless, this does not necessarily mean that 100% of patients would experience GERD symptoms after 8 years postoperatively. For example, if the risk of esophagitis is 10% in the first year after surgery, it would increase to 11.3% ($10\% + 10\% \times 13\%$) in the second year and to 12.7% ($11.3\% + 11.3\% \times 13\%$) in the third year.

Comment 10

Lines 143-145 - “the need to identify 208 additional studies that show no elevation in the risk of EE after SG to dispute the results of the study” is over-claiming the strength of their study results of combined 680 patients from several small studies, with 3 out of 10 studies reporting only short-term results. Suggest to remove this statement based on low quality meta-analysis.

Response10: Agreed. Paragraph removed

Comment 11

Lines 159-160 - “the disappearance of GERD in patients without previous GERD” does not make any logical sense.

Response11: Language corrected.

Comment 12

Line 160 - “the appearance of GERD in 58.8% of patients without it” also does not make any sense. Do you mean without GERD preoperatively?

Response12: Paragraph fixed “Csendes et al. (5), in 10-year follow-up study, divided patients before surgery into 2 groups, 1-, without reflux and 2-,with reflux before SG. They concluded that in Group 1, 58.8% of patients developed GERD, while GERD disappeared in 13.6% of patients in group 2.”

Comment 13

Line 180 - esophagus22?

Response 13: We apologize for the misplaced reference number

Comment 14

Line 182 recommended1?

Response 14: Typo corrected

Comment 15

Lines 209 and 217 - Barrett’s

Response 15: Fixed

Comment 16

Line 260 Figure 6 - Why does Anti-reflux mucosectomy even appear in your treatment algorithm if there has not been any report on it for post sleeve gastrectomy patients? So far the procedure has only been described in primary GERD patients with intact stomach and only 2 case reports (Hathorn, Patil) and one small case series (Debourdeau) on post sleeve gastrectomy. There will be technical challenges due to the narrow stomach which limits its feasibility.

Response 16: Figure 6 was redrawn.

Comment 17

Lines 286-288 - The sentence has typographical or grammatical error rendering it incomprehensible.

Response 17: Corrected.

Comment 18

Lines 285 and 290 - How do you explained a procedure having a morbidity rate of 0.6% and yet had a 6.7% complication rate? Were 90% of the complications not considered a morbidity? You need also to stress that the study was done on only 15 post sleeve gastrectomy patients, and one had a complication, instead of giving percentage figures when numbers are small.

Response 18: The paragraph was re-written with the correct information

Comment 19

Lines 317-318 - If one presents with GERD symptoms, an UGE or upper contrast study is indicated.

Response 19: Corrected

Comment 20

Line 327 Ethical statement is left blank.

Response 20: Thank you, we have corrected it, the authors have nothing to disclose