

## Peer Review File

Article information: <https://dx.doi.org/10.21037/dmr-23-6>

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### Review Comments

#### Reviewer A

Dear authors,

Thank you very much for addressing this really important topic. I highly appreciated the theoretical background on influence, action and detection of biliary reflux.

Yet, the connection with “MGB” (better: OAGB) in my humble opinion needs some corrections and feasible additional informations.

Thus, the studies of the colleague S. Tolone from Naples should be added to complete the various points of view on this discussion.

**R1. The studies carried out by Tolone et al were included in the mini review.**

Additionally, I would like if you point out that the incidence of bile reflux / any reflux in OAGB has been published with percentages from 0% (Carbajo et al) and >>50% (I think a group from Australia). This cannot be explained with a often accused “false technique of the surgeons” (pouch too short, anastomosis too tight) or bad behaviors of the patients. Inmy commenataries I gave possible other causal factors (follow-up, documentation, expectations and preferences of the surgeons..., reimbursement system for revisional procedures...)

**R2. MGB is a synonymous of OAGB. We have included this important point in the manuscript. We have added the paper by Carbajo et al. and tried to comment on the wide hetrogenious reported prevalence pf bile reflux post MGB (OAGB).**

Important physiological / manometric studies from Tolone S et al from Naples concerning MGB, Sleeve , and reflux have not been mentioned. The possible problem of late (gastro)esophageal cancer (20 to 30 or more years after MGB/OAGB has not been addressed further.

**R3. The studies carried out by Tolone et al were included and the discussion was updated.**

Thanks for revising your important work and all the best

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#### Reviewer B

Dear authors,

the topic is of interest and importance to the medical community, and I applaud you for your attempt. However, I have the feeling that throughout the whole paper the common thread is missing. I am not sure what exactly is the aim of your study and I have the impression that you are mixing up too much different topics (Bariatric Surgery, GERD, anti-reflux surgery etc.). It is very confusing to read actually.

**R1. Thanks for your comment. The topic is not easy since current data evaluating the**

relationship between biliary reflux and foregut surgery is lacking. We tried to summarize at best of our efforts what is currently available in terms of definition, diagnosis and treatment

Furthermore, your English grammar needs major revision and an additional proofreading should be performed.

Some examples are:

p.2 Biliary reflux seems to be a prevalent after... (no "a")

p.3 Nowadays, PPI represents the gold standard treatment of GERD as able to reduce gastric acid secretion... (no "as able")

p.3 Unfortunately, GERD therapy is still challenging since as PPI can provide symptom relief in approximately 60-70% of patients, underlying the ... (sentence is inconclusive)

p.5 This study confirms that there is a synergy ... Which study do you mean?

p.5 Moreover, other studies have documented that bile reflux is independent as risk factor for gastric cancer... (It is AN independent risk factor...)

p.8 Johnson et al. performed a multicenter study that aimed to review the complications and the redo prevalence after mini gastric bypass (single anastomosis) and found that bile reflux esophagitis is a major concern and leads to mucosal damage, symptoms provocation and

healthcare burden. (Incidence?)

p.8 When biliary reflux is present, HIDA shows a tracer movement from small intestinal loops into the stomach pouch the esophagus. (last words don't make sense)

p.8 Lasheen et al. assessed the prevalence of bile reflux gastritis and esophagitis over 40 patients after minigastric bypass. ("in" over 40.)

p.8 Possible elucidations for this varied reported prevalence include (varying?)

p.8 Notably, the reported prevalence of biliary reflux was higher after minigastric bypass as compared to other bariatric surgeries as well as was higher when. (as well as when ...)

etc....

**R2. We have revised the manuscript to improve the quality of the English grammar**

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