

## Peer Review File

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### Reviewer A

The manuscript is a review about the management of complications following implant-based breast reconstruction. The study is taking into consideration all possible complications and each one is well argued but from a formal point of view it is quite weak.

Comment 1: I suggest the authors to consider following the PRISMA guidelines and rearrange the manuscript according to them.

Reply 1: We appreciate the reviewers time in reviewing our submission and providing this feedback. The PRISMA checklist and corresponding guidelines are explicitly described for the purpose of reporting Systematic Reviews. Our manuscript was specifically invited as a Narrative Review (not a Systematic Review), for which the Annals of Translational Medicine provided a specific checklist with correspondingly unique guidelines. Given that the two forms of scholarly literature are fundamentally different, and that we have been invited to submit a Narrative Review, we have closely followed and complied with the correct set of guidelines for this category of academic literature, which are uploaded along with the submission.

### Reviewer B

Comment 1: The review is comprehensive however there are some points that should be addressed. In preventing skin necrosis negative pressure wound dressing post op should be mentioned M chicco et al Ann of Plastic Surgery 2021 Oct 1:87-92  
293 should be radiation therapy

Reply 1: Thank you for bringing this to our attention. We agree this is an important topic.

Changes in the text: We have modified our text as advised (see line 293).

Comment 2: 311 should be separating not dividing

Reply 2: Thank you for your comment, we accept this feedback.

Changes in text: We have modified our text as advised (see line 312).

Comment 3: 345 it's not clear what the author means by non-operating necrosis

Reply 3: Thank you for your comment, we understand the feedback and have clarified as below.

Changes in text: We have modified our phrasing to more clearly refer to necrosis that may be treated without surgical intervention (see line 350).

Comment 4: 348 skin graft is not an option on imminent implant exposure

Reply 4: Thank you for your comment, we accept the reviewer's feedback.

Changes in text: We have removed the mention of skin grafting in this context (see line 355).

Comment 5: 407 there is no proven benefits for texture implants over smooth implants check incidence of Motiva capsular contracture

Reply 5: Thank you for your comment. At this time, the association between textured breast implants and reduced incidence of capsular contracture is more largely supported by the literature. Seeing as this association is currently a fundamental concept in breast reconstruction education, we feel it is important to report it as is.

Changes in text: We have now added two citations, a large-scale metanalysis and 10-year clinical study, to support the statement (see line 413, citations 104 and 105).

Comment 6: 414 There is no benefit in 2 stage implant reconstruction over one stage post irradiation Alessia et al Gland Surgery I share the same point of view

Capsular contracture: should mention at grafting Papadopoulos et al PRS Global Open Nov 2018 6(11) e1969

Reply 6: Thank you for your comment. We understand the reviewer's point on data contrary to the belief that 2-stage implant reconstruction may reduce long-term contracture due to gradual expansion or given the opportunity for capsulectomy during definitive implant exchange. The text in this section does not state that a benefit exists in this regard between one and two stage reconstruction, only that it may. However, we have made revisions to more clearly emphasize this, as described below.

Changes in text: We have modified text to include that data exists indicating no certain benefit between one and staged reconstruction, and we have added the reviewer's suggested citation to our manuscript to provide evidence for both views (see line 423 and citations 110 and 111).

Comment 7: 501 Animation deformity is caused by adherence of pec major to skin and capule. BII occurs in saline implants as well as gel implants (Cleveland clinic publications)

Reply 7: We thank the reviewer for their comment. The paragraph and section for line 501 is referring to contour deformities and breast implant rippling, which is a complication distinct from animation deformity with a subsequently different underlying cause, that being a generally scant subcutaneous soft tissue layer to blanket the prepectoral implant. In regard to animation deformity, the largely supported view on underlying cause is believed to be pectoralis major activity causing transient displacement of the subpectoral implant rather than a uniquely underlying adhesive process.