

## Peer Review File

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### Reviewer A

The article is well written with high-quality statistical analysis. The work adds essential data to the ongoing discussion about the perioperative factors influencing outcomes after retroperitoneal laparoscopic adrenalectomy. line 264-bradyarrhythmias-to correct in the text

**Reply:** Thank you for careful reading and recognizing our work. We have made corrections according to your comments (Page discussion, Line 334).

### Reviewer B

In present study, the authors aim to build a nomogram for predicting the perioperative complication of retroperitoneal laparoscopic adrenalectomy. It is clinically useful; however, some should be described in detail.

1. The authors mention patients underwent unilateral retroperitoneal laparoscopic adrenalectomy were included. Did any patients undergo laparoendoscopic single-site adrenalectomy? It should be described in detail.

**Reply 1:** Thank you for your constructive suggestion. No laparoendoscopic single-site adrenalectomy was performed in our hospital, so the study did not include patients underwent laparoendoscopic single-site adrenalectomy. We have added a sentence in METHODS part to illustrate this point (Page methods, Line 128-129).

2. In the method, the authors define the inadequate surgeon's experience of retroperitoneal laparoscopic adrenalectomy as 30 first cases. The authors should provide the reference for this definition.

**Reply 2:** Since surgeons' experience might have certain influence on perioperative complications after laparoscopic adrenalectomy, this study included surgeons' experience as one of the candidate factors for analysis. Previous studies have suggested that the level of surgeons' experience was mainly defined by the number of cases that one had operated or the professional title of clinicians. In this study, a number of 30 cases was taken as the cut-off point for distinguishing the inexperienced and experienced operator, referring to the related literature. We have added interpretations with references to support this idea (Page methods, Line 155-159; PMID:32940830, 25721680).

3. The authors found the seven predictors including BMI and discuss about the impact of obesity on the complications during retroperitoneal laparoscopic adrenalectomy. However, the reference (reference 32: Dancea HC, Obradovic V, Sartorius J, et al. Increased complication rate in obese patients undergoing laparoscopic adrenalectomy. JSLS 2012;16:45-9.) authors used in the Discussion line 320 is for transperitoneal laparoscopic adrenalectomy, not retroperitoneal laparoscopic. There are still some differences between retroperitoneal and transperitoneal approach when surgeons face obesity patients who need operations (Chen YC, Lee HY, Shih MP, Juan YS, Chen HW, Wu WJ, Wang YT, Li CC. Effect of preoperative computed tomography parameters and obesity on surgical outcomes of laparoendoscopic single-site adrenalectomy. Surg Endosc. 2020 Nov;34(11):4781-4787). The reference you used should focus on the topic related to your study.

**Reply 3:** This is an excellent suggestion. Indeed, there are differences between transperitoneal and retroperitoneal laparoscopic adrenalectomy when surgeons face obesity patients who need operations. It is not appropriate to refer this literature here. We have revised the references so it would be more suitable when discussing obesity and retroperitoneal laparoscopic (Page discussion, Line 396, PMID: 26045210, 25398550, 21455782).