

## Peer Review File

Article information: <https://dx.doi.org/10.21037/abs-23-44>

### Reviewer A

Comment 1: Well written paper. However, the substantial key points in ERAS are: Keep it simple and make the patient think it is simple:

Short surgery (an experienced surgeon, no residents, two team approaches), local nerve blocks, no paravertebral blocks, remove the foley directly after surgery, almost no opioids after 1.post op day, rely on NSAIDs

**Reply: We have added in some text to include the key points of ERAS helping to simplify things for patient and staff. (See page 14 line 302-303) We have also illustrated the key components of an effective ERAS protocol in a flow diagram (see Figure. 10)**

Comment 2: The discussion should distinguish between autologous and implant based and unilateral and bilateral approaches.

**Reply 2: We have amended the outcomes to distinguish between autologous and implant-based reconstruction. (See page 14, line 295-300) We have amended some text to include analysis of outcomes on autologous and implant based reconstructions. (See page 15 Line 329, 338-339 and page 16 Line 345) We have also highlighted the small amount of data available on implant-based reconstruction previously. (See page 18 line 405-407)**

**We could not analyze data separately for unilateral vs bilateral breast reconstructions due to the lack of such information from the studies and have added the segment on this to our limitations. (See page 18 line 407-409)**

### Reviewer B

Dear Authors,

I would like to congratulate you on a well-written, thorough and very interesting and updated systematic review and metaanalysis comparing ERAS to TRAS in breast reconstruction. I have no comments nor suggestions for changes.

**Reply: Thank you very much for the kind words.**