

## Peer Review File

**Article information:** <https://dx.doi.org/10.21037/ls-21-12>

### Reviewer A

#### GENERAL

**Comment 1:** English language need revision.

**Reply 1:** English language was revised.

#### ABSTRACT

**Comment 2:** Which is the meaning of “implementing transcystic common bile duct instrumentation”? Please rewrite the sentence.

**Reply 2:** The sentence was rewritten in the manuscript.

Changes in the text: The aim of our study was to analyze the effectiveness and safety of laparoscopic one step approach for the management of APB performing laparoscopic cholecystectomy and transcystic common bile duct instrumentation when necessary.

**Comment 3:** Which is the meaning of “We conducted a retrospective cohort selected between...”. Please rewrite the sentence.

**Reply 3:** The sentence was rewritten in the manuscript.

Changes in the text: We conducted a retrospective cohort study between January 2009 and December 2019 at the General Surgery Department of the Hospital Italiano of Buenos Aires and Hospital Italiano of San Justo.

**Comment 4:** Define the “high surgical risk”, maybe ASA III-IV?

**Reply 4:** High surgical risk was defined as ASA  $\geq$ IV according to the American Society of Anesthesiologists Classification. Suggested revision was incorporated into the text.

**Comment 5:** In the method explain briefly the surgical technique.

**Reply 5:** Methods section in the abstract was rewritten for better understanding. Full explanation and description of the surgical technique was included in the Methods section of the manuscript.

#### INTRODUCTION

**Comment 6:** Reference n .1 is missing.

**Reply 6:** Reference 1 was added to the manuscript.

**Comment 7:** Please revise the references order in the text.

**Reply 7:** All references were revised and ordered correctly.

**Comment 8:** Please add some citations at the end of all sentences in this section. What you are describing in the introduction is not your point of view and must have

references.

**Reply 8:** Additional citations were included in the manuscripts.

## METHODS

**Comment 9:** Define the “high surgical risk”, maybe ASA III-IV?

**Reply 9:** High surgical risk was defined as ASA  $\geq$ IV according to the American Society of Anesthesiologists Classification. Suggested revision was incorporated into the text, in the Methods section.

**Comment 10:** Please, describe the operative techniques employed and the indications for them.

**Reply 10:** The surgical technique was explained in the text, Methods Section.

Changes in the text: In most cases, surgery was performed in the first available surgical shift in the operating room. In highly symptomatic patients, surgery was deferred until improvement of symptoms assessed by anamnesis and physical examination. The American technique of LC was used, as previously described (18). In all cases, intraoperative cholangiogram (IOC) was systematically performed, assessing the presence or absence of associated CBD stones (19). When choledocolithiasis was confirmed under IOC, a transcystic approach with a Dormia basket (Cook®) was used to extract the stones. A balloon-dilating catheter was used to free large impacted stones unable to be retrieved by the Dormia basket. If the transcystic approach was unsuccessful, laparoscopic choledochotomy was performed to clear the CBD (20).

## RESULTS

**Comment 11:** Tables could be useful for the readers.

**Reply 11:** Results were summarized into a table and added to the manuscript.

**Comment 12:** Figure 2 does not add anything to the text.

**Reply 12:** Figure 2 was no longer included in the study.

## **Reviewer B**

**Comment 1:** I recommended revision of conclusion of abstract; laparoscopic one step approach with systematic IOC and common bile duct instrumentation if necessary for the mana.....

**Reply 1:** Conclusion of the abstract was revised according to the reviewer suggestion. Changes in the text: Laparoscopic one-step approach with systematic IOC and eventual instrumentation of the common bile duct if necessary, for the management of ABP is an effective and safe method as a definitive treatment of underlying biliary etiology.

**Comment 2:** Results. It would be much easier to understand if the results were tabulated.

**Reply 2:** Results were summarized into a table and added to the manuscript.