

Peer Review File

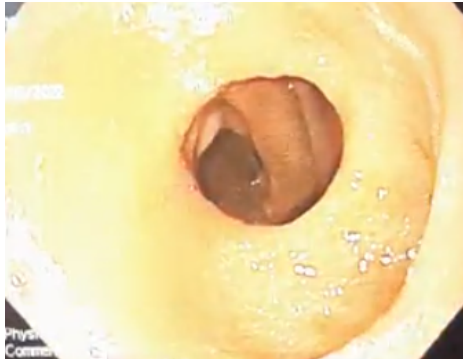
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Reviewer A

Comment 1: The photo of the anastomosis doesn't show clearly, we don't see gastric mucosa with small bowel mucosa.

Reply 1: Another image was sent (for figure 2), to better appreciate the candy cane in one, and the gastro-jejunal anastomosis in other.

Changes in the text: We added another picture (in figure 2) page 4.



Comment 2: The second part the normal LGBPRY is 75cm to the biliary limb and 150cm alimentary limb (ASMBS reference).

Reply 2: Whilst preoperatively we identified a specific anatomic alteration located at the GJ junction/ candy cane and intraoperatively the measurement of both the alimentary limb and biliopancreatic limb surpassed 100centimeters, we preferred not modify to standard measurements the respective limbs and preserve the JJ anastomosis, to minimize morbidity in of the revisional surgery

Comment 3: In the previous operation, the anastomosis was done with endogia or manual.

Reply 3 : The previous anastomosis was performed manually.

Changes in the text : change in page 3 line 14 “**The gastrojejunal anastomosis was hand sewn** and was calibrated with a 36Fr orogastric tube and a measurement of alimentary and biliopancreatic limbs of 100 centimeters”

Comment 4: The candy cane is around 7cm, not 12cm as in the endoscopy there is discordance between the fluoroscopy image, per operative image, and post-operative specimen size and aspect.

Reply 4: Agree, but measurements in each of the diagnostic tests are specified as measurements may be operator dependent and may vary as well for technical reasons (intraluminal distension observed during the realization of a contrasted study)

Comment 5: Usually with a long candy cane, we have symptoms it should be

described König's Syndrome. In your case, insufficient weight loss can be related to 2 cause large gastric pouch, and short alimentary limb with patient alimentary habitude because large GJ anastomosis can cause dumping syndrome.

Reply 5: We carefully Interviewed the patient preoperatively and during several Clinical visits assessing for symptoms like the one described in your commentary. She did not presented/complained from any related to such symptoms.

Review of references you should search in obesity surgery and soard for more articles.

Reviewer B

Comment 1: Please provide overview captions for Figure 2 and Figure 5.

Reply: Done.

Comment 2: Please indicate what the red dotted line and blue dotted circle in Figure 2A mean.

Reply: We modified the description on FIGURE 2A.

Comment 3: The item #12 of CARE checklist should be "N/A" if the patient's perspective was not mentioned in the text. Please add it to the manuscript or revise the checklist.

Reply: We send check list with correction in point 12.