

## Peer Review File

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### Reviewer Comments:

It is a well-written narrative review regarding scars after surgery.

1. The headline implicates that the authors summarize all surgical scars, while the mention that scars after thyroid surgery are mainly addressed. This is, in my opinion, an important point because there might be differences in scar "development" and outcome depending on the area, where the incision was made.

Reply 1: Earlier versions of this manuscript were titled "Scars After Thyroidectomy", but this title was changed by the authors as the techniques described are applicable to all scars. The focus on thyroidectomy scars in this manuscript is simply because it was prepared for a thyroidectomy journal and specifically a series on quality of life after thyroid surgery. If there is a strong desire to change the title, I am not opposed to "Scars After Thyroidectomy". However, we do think "Scars After Surgery" is more appropriate as none of the scar revision techniques discussed is specific to thyroidectomy surgery.

2. The narrative review is extensive. However, a statistical evaluation of data found in the literature would help the reader to better understand and easily see the significance of the different possibilities that exist to influence and optimize wound healing. It would be helpful to present a list including the number of studies available for example regarding silicone use, number of patients included, sponsored studies etc.

Reply 2: A table summarizing the data of every article published on silicone, pressure dressings, laser resurfacing, steroid injection, and all other scar improvement techniques mentioned in this paper is out of the scope of a narrative review in my opinion. This would really constitute a meta-analysis. For example, a search for articles addressing use of silicone for scar improvement in peer-reviewed journals yields 1,581 results. This manuscript is intended to be a general summary of techniques to improve scars with unfavorable appearance with support from current literature - it is not an exhaustive review of all literature available on the topic.

3. The authors indicate that remote access surgical techniques contribute to better cosmetic outcome. Because this is one of the most striking developments within the past 6-8 years especially in neck/thyroid surgery, the authors should add some additional information available focussing on patients satisfaction after remote access surgery. There are studies available comparing transaxillary and

retroauricular, transoral and open etc.

Reply 3: Added overview of a study comparing QOL after transcervical and transoral thyroidectomy to discussion section (page 9, paragraph 3).