

## Peer Review File

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### Reviewer A

The authors provide a well-constructed outline of their institutional postoperative management of patients following esophagectomy. This is followed by a fairly in depth review of the literature. Accordingly it is informative and a useful review overall and merits publication. This being said there are some features of the authors institutional practice for which additional review of the literature would be helpful.

1. For example, The use of nasogastric decompression postoperatively, although common is not necessarily supported by the literature. Randomized data comparing early (POD1) versus late (POD7) removal demonstrated no increase in complications as a result of drain placement. Some groups have omitted routine use of NG tubes altogether owing to data showing no difference in complication rates. On a similar note, resumption of oral feeding can be undertaken prior to day 4.

Dear reviewer, many thanks for your comment. I added a remark on the (debatable) use of a nasogastric tube postoperatively. In addition, an remark about early feeding has been added to the paragraph "average day to start oral feeding".

2. In addition, some centre have abandoned the use of routine jejunostomy placement owing to data demonstrating that doing so is safe and avoids procedure specific complications.

Dear reviewer, many thanks for your comment. An remark about omitting the percutaneous jejunostomy has been added to the paragraph "average day to start oral feeding".

These facets of alternative ERAS pathways should be discussed to some extent in this review to further highlight differences in institutional practices based on the literature to date.

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### Reviewer B

The paper is grammatically well written.

The authors state that this study aims to review the available literature on the postoperative management after an esophagectomy including strategies to early recognize and detect anastomotic leakage and reflect on this from their experience.

The paper does not fulfill criteria for a systematic review in its current form, as it is rather designed as a "how we do it" article. The paper describes the UMCU ERAS pathway after esophagectomy with references to the published literature.

1. I suggest changing the aims and stating that this is a how we do it or a clinical pathway. I also suggest changing the title to this fact.

Dear reviewer, many thanks for your comment. You are completely correct that the article is aimed as an “how we do it” article. I adjusted the title, aims and stated that this is an how we do it article.

2. Is there any evidence for an NG tube, especially in a ERAS setting?

Dear reviewer, many thanks for your comment. I added a remark on the (debatable) use of a nasogastric tube postoperatively.

3. What is the complication rate of the jejunostomy itself, this may cause additional morbidity?

Dear reviewer, many thanks for your comment. I added the numbers of the recent Nutrient 2 trial regarding jejunostomy related complications.