

## Peer Review File

Article information: <http://dx.doi.org/10.21037/aoe-21-19>

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Reviewer A:

The authors present the results of a review of reported factors associated with ‘best outcome’ after laparoscopic fundoplication. The parameters for their literature search are described. The literature discussion focused on primary fundoplication outcomes. The authors did not review literature on revisional fundoplication procedures, but instead conclude with a section on their opinions and personal technical pearls.

Comment 1: The discussion on pearls for revisional antireflux surgery feels out of place. The review and data are on primary fundoplication and revisions are explicitly excluded. The last part of the review article feels as if it would fit better in a review on reoperative antireflux surgery.

Reply 1: We absolutely agree with the Reviewer’s observations. Although unconventional, we hope the Reviewers and Editors will agree to our proposal to submit 2 manuscripts rather than one for the Special Edition. The original manuscript has been re-titled to: **Choosing the Right Patient for Laparoscopic Fundoplication: A Review of Preoperative Predictors**. We have removed all reference to revisional fundoplication as the Reviewer is correct – the review and data were on primary fundoplication only. We have not otherwise altered the text (except as requested by Reviewer B) and have removed all figures. Table 1 belongs with this manuscript.

The second manuscript has been titled: **MIS Revisional Surgery for Gastro-Esophageal Reflux Disease: How I do it**. The figures are included with this manuscript.

Comment 2: A blanket statement in the conclusion that “it is best to avoid operating on patients with atypical symptoms, those who do not respond to PPI therapy, and those without proven reflux disease” overly simplifies things. Patients with ‘atypical’ symptoms may have extra-esophageal reflux (LPR) and are potentially appropriate antireflux surgery patients. Patients who fail to respond to PPIs may have severe GERD or extra-esophageal symptoms related to GERD. The last part of this statement is true – if the symptoms are not related to GERD then don’t operate.

Reply 2: We agree with the Reviewer and have removed this sentence from the Conclusion entirely. We have chosen to conclude the manuscript on a positive note, i.e. with a summary of the best predictors for a successful outcome.

Reviewer B:

Comment 3: The authors are to be commended on taking up an emerging and difficult clinical problem. Overall, the paper may add a bit of interest to the literature – although the scientific contribution is not the main strength of this paper. The first sentence i.e. Objective : To determine the best preoperative predictors for a successful outcome after primary or revisional laparoscopic fundoplication is in contrast to title which focusses on revisional fundoplication. Then, methods state that open, endoscopic

and revisional fundoplication studies were excluded, as well as any paper discussing hiatus hernias greater than 5 cm in size. I think study on revisional fundoplication should ideally include some of excluded aspects.

Reply 3: Again, we agree with the Reviewers and propose to divide this work into 2 separate contributions.

Comment 4:

Also, I want to specifically mention about

Line 37: These figures are from studies done in 1990s. Please provide recent evidence.

Line 42: Please provide recent evidence regarding redo laparoscopic fundoplication. This figure is for Roux-en-Y reconstructions which are not being discussed.

Line 152-4: This is in contrast with the stated exclusion criteria (reoperation for failed fundoplication was excluded).

Tips and tricks section is well elaborated. It would be better to add per-operative positioning and choice of liver retraction as well.

Reply 4:

Line 37: We have removed the 2 references from studies done in the 1990s.

Line 42: We apologize for this error and have updated the morbidity and mortality rate for redo laparoscopic fundoplication. We have removed the old references.

Line 152-4: We agree and have changed the title of the manuscript as described above.

Tip & Tricks: Thank you. In the second manuscript, we have expanded the section on Preoperative Preparation and include positioning, trocar placement, and liver retraction.