

Peer Review File

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Reviewer A

Well written but like all narrative reviews largely incomplete. This review manages to quickly touch on several aspects concerning the relationship between OAGB and reflux but it is unable to change the minds of either the skeptics or the supporters of OAGB.

For completeness it would be interesting to add a paragraph concerning the relationship between OAGB, GERD, and previous bariatric surgery (especially gastric banding).

The review deserves to be published.

Reply: Thank you very much for your kind words. As a narrative review we don't have the presumption to change minds of either skeptics or the supporters of OAGB. However, with this review, readers could have an overview of the status that we are now in relation to the procedure, and concerns that need to be answered with better quality studies and long-term follow-up.

We have done the complement as suggested.

Bringing more data to supporters, Kermansaravi et al published a systematic review, reporting OAGB as a revisional procedure after primary restrictive bariatric operation. The results showed that 82% of the patients with GERD improved or had remission following OAGB(28).

Reviewer B

Congratulations on your review of this important topic.

My suggestions are:

Expanding your introduction and potentially including the various forms of OAGB performed, their differences in anatomical change, and the decision to come up with a consistent name.

Expanding on limitations, what were the limitations of the studies included.

Finally reviewing the use language is recommended to assist the flow and clarity of messages.

Reply: Thank you very much for your attention and important suggestions. We have done modifications as suggested and highlighted in the text.

Introduction: Throughout history, the procedure has had some names that made supporters feel uncomfortable because they did not adequately represent the procedure. Until a panel of experts decided to unify the nomenclature and, OAGB, was adopted as official (4).

For this reason, surgeons tried to improve the technique, and various anatomical changes were proposed in the limb and pouch length, gastrojejunal anastomosis diameter and shape. Nevertheless, there is no support in the literature to support those modifications.

The limitations of the studies included are highlighted in the text. The main limitations were short term follow-up, and lack of methodology for GERD diagnosis.

There are limitations inherent to a narrative overview of the literature. Actually, the studies that were published has a lack of methodology on GERD diagnosis. Moreover, it is well known that the consequences of bile reflux are time dependent. OAGB is a quite new procedure with few years of development and longer follow up is essential.

Language was improved.