

Response letter,

Dear Editor,

We appreciate the reviewers' comments on the manuscript, and these were considered in the revised manuscript.

Please find the response to their comments below.

1st reviewer:

1. "Statistical analysis was performed by Fergal Donnellan (University of British Columbia)." Sentence should replace to acknowledgement section. 2. The authors should declare ethical approve of this study.

1. According to the journal manuscript submission guidelines, this should be stated in the methods section. We could move it the acknowledgement section if needed. 2. This was a retrospective study and ethics approval was not obtained.

2nd reviewer:

In this retrospective study, the authors compared three preparation methods prior to small bowel capsule endoscopy. This is an interesting topic in clinics. But there are some problems which should be noted in the manuscript. However, many problems existed which need revision. 1. The content in the part of introduction are not perfect, which needs completed. 2. Material and Methods 1) Patient preparation: the three bowel preparation regimens should be described more detailed. Whether water is needed in the three groups? How about the amount? 2) "Two experienced reviewers who were blinded to preparation (FD and NC) reviewed all capsules for diagnostic evaluation, and both gastric and small bowel transit time", Whether differences existed between the two reviewers? How to achieve consensus? 3) "These were graded within the proximal, mid and distal small bowel using a four-point scale" How is the four-point scale standard is defined? Is it common criteria? 3. Results. "97 (78.9%) patients had a complete small bowel examination and thus included in the analysis." Why are the other 26 patients excluded, inferior bowel preparation? Please state why they can not complete the examination. 4. Figure 1 is not formal. The title should be under the figure, and text annotation is necessary.

1. The instruction part has been edited. We left further discussion of the mentioned articles in the discussion section.

Methods:

1. We reorganized the section related to the bowel preparation so the bowel preparation appears more clearly. The Moviprep and Pico-Salax are well known bowel preparation and commonly used for colonoscopy preparation. We used the same standard amount. Water is not used to prepare small bowel for capsule examination. However all patients were instructed to have a clear liquid diet after lunch the day before the capsule study.
2. Clinical disagreement when present was solved by joint review and discussion of the two authors (FD, NC). The method section was edited in this effect. This happened only in a few cases.
3. There is no validated small bowel preparation grading system available. We developed this grading system based on the commonly used criteria.

Result. When we designed this study we planned to include only capsule examinations with complete small bowel studies. This is to avoid any chance of having differences in diagnostic yield, small bowel cleanliness or bubble burden between the three bowel preparations due to differences in completion rates. Given the retrospective nature of the study, we cannot accurately account for factors that affect small bowel completion rates such as prior abdominal surgery or opioids use for example, while these factors might be significantly different between the three groups. We acknowledge that the type of the bowel preparation used may affect the completion rates, but previously published studies showed no significant differences. This is what we found as well in this study. There was no statistically significant difference in the small bowel completion rates in the three groups, the number of patients was small however.

4. Edition done.

Thank you,