

We thank your reviewers for their time and comments made in an effort to improve our paper. We make the following comments in response:

Reviewer 00505382

That most of the recommendations described derive from personal uncontrolled experience is correct, and as observed by this reviewer, we acknowledge this and submit it as opinion or “hypothesis” which may in time be subjected to more formal testing (page 4). The validity of the recommendations draws largely from the superior published results of the Fobi Pouch gastric bypass over other gastric bypass as reviewed by O’Brien et al in their systematic review of 2006. No other authoritative comparisons are available in the current literature. The later review by O’Brien referred to by the reviewer (Ann Surg 2013) is largely irrelevant to this article as it seeks to comment principally on LAGB. Similarly the emerging role of Robotic surgery and the paper alluded to by your reviewer (Bailey et al 2013) does not, we believe, contribute usefully to our paper, as it has no long-term outcome data which is the principal focus of our paper.

Reviewer 00502831

For completeness we have added comment in the methods section to make it clear the experience being referred to in this paper was gained on subjects with BM >40 or BMI >35 where significant comorbidities existed. We do not consider it relevant to include a diagram of the LAGB as this is not the subject of the paper, neither have we included a diagram of the other forms of open and laparoscopic gastric bypass as these vary considerably with the operator. However we have included Fig 3 to demonstrate schematically the various forms of gastric pouch which may be formed, and made more specific reference to this figure in the text. Again any comparison with sleeve gastrectomy is beyond the purpose of our paper which takes as read the commonly held view that Gastric bypass is the “gold standard” operation, and develop arguments concerning the technical aspects of gastric bypass that may contribute to a successful long-term weight loss. We have not recommended the 75cm Roux loop other than to say there is little reason to extend the limb longer than this, and that it is sufficient to prevent biliopancreatic reflux into the gastric pouch. To answer the specific questions of this reviewer, no, we have not found stasis and bacterial overgrowth (Roux-Y syndrome) to be a problem, neither has Roux loop stenosis been seen as a problem. We have not seen a single instance of gastric cancer after gastric bypass in over 1400 cases, though acknowledge this may occur, and if it did, early diagnosis would largely be impossible.

Reviewer 00505502

The first publication on gastric bypass for obesity has usually been credited to Ed Mason in 1967. We have now included a reference to this paper in the Surgical Clinics of North America of 1967. We have now read the paper referred to by this reviewer written by Pardela et al in 2005, and can see no

reference to gastric bypass having been performed in 1952, and certainly there is no publication we can find concerning this procedure prior to the writings of Ed Mason in 1967. We have been unable to identify any aspect of the Pardela paper that would add usefully to our own and justify citing that paper. As requested by your reviewer we have added additional citations where this has been possible. We have added an explanation of %EWL to Figure 2, as requested. Similarly we have added a few comments in the legend to explain Fig 3, and more fully referred to this figure in the text. In response to the suggestion that the paper be shortened, we would find it difficult to comment on all potentially important technical aspects of gastric bypass surgery in a shortened paper and would prefer not to attempt to do so.

We trust that following these modifications and comments, you will find the paper suitable for publication. Despite the limited availability of suitably controlled data, we believe and hope that our paper will provide food for thought for many who look to perform or who are performing gastric bypass.