Dr Zi Qin Ng
Department of General Surgery
St John of God Midland Hospital
1 Clayton Street
Midland 6056 Australia

21st Jan 2023

World Journal of Gastrointestinal Surgery
Editor-in-Chief

Dear Editor,

RE: Revision of Manuscript NO: 82719

Thank you for your meticulous review and allowing us the opportunity to revise the manuscript. We would like to respond to the queries as the following:

Reviewer #1:

**Specific Comments to Authors:** This study determines the predictors of failure of non-operative management of small bowel obstruction (SBO) due to adhesions. The study concludes that only the CT scan with soluble oral contrast is helpful in predicting failure of non-operative treatment. Clinical presentation, physiological and laboratory investigations had no bearing on the predictability. The topic is of great interest and is within the scope of the journal. I have the following Major comments:

1. The study is retrospective. This opens the door wide open for selection bias. Although you mentioned this as a drawback in the study, you need to highlight the bias in selection incurred by the retrospective nature of the study. A strong point in favor of the study was the blinding of the radiologist. Good identification of the exclusion and exclusion criteria was another good point.

- Thank you for your comment.

2. It was not clear in the study method if the cases of SBO operated on admission upon the on-call surgeon discretion were included in the operative group (Group A) or not. However, it appears as if they were. If so, how many patients underwent immediate

surgical intervention on presentation, at the discretion of the on-call consultant surgeon? Why did they undergo surgery without a trial of conservative management? I feel they should have been excluded from group A

- Group A consists of operative cases (patients that underwent immediate surgery and patients that failed initial non-operative management and then underwent surgery).
- We did not exclude the patients that underwent immediate surgery as the numbers were small and it is likely that the findings on the CT scan had prompted the on-call consultant surgeon to make the clinical judgement that surgery upfront was the most appropriate. These CT findings being included in the analysis are therefore relevant to help inform clinical decision making. These has been updated in the manuscript.
- This limitation was already acknowledged in the discussion part.

3. Since the physiological parameters and the laboratory investigations were tabulated in one table (table 3), why they are not included under the same headings in the Result section?

- This has been changed to the same heading.

4. I am very surprised that absence of small bowel faecal sign on CT scan is a predictor of operative intervention. Is this true? Please, clarify. Your results indicates that large no. of the non-operative (group B) subjects had faecal sign present. I am really surprised as this sign is a predictor of failed non-operative management.

- Small bowel faecal sign has been reported previously as a predictor of success for non-operative management. The findings of this study were concordance with that ie. the absence of small bowel faecal sign is associated with higher likelihood of surgical intervention.

5. It would be nice to include some radiological figures of the CT scans from both groups showing for example: transition point, small bowel faecal sign, and contrast reaching the colon, etc.

- We have included some figures representing these radiological findings.

6. Table 4 is confusing for me especially regarding the percentages; it needs elaboration for clarity. It was confusing to me to see large number of patients with transition zone in group 2 were managed successfully by non-operative methods.

- The percentages have been rectified to reflect the outcome.
- The CT finding of transition point has been further explained in the discussion part.

Also, water soluble vs non water soluble: does this mean not all patients had soluble contrast on CT scanning?

- The water soluble contrast was only administered following diagnosis of adhesive SBO on an intravenous contrast CT scan.
- A small proportion of cases of adhesive SBO that was managed non-operatively did not receive water soluble contrast as part of the management.
- The wording has been changed to "Did not receive water soluble contrast medium"

Also, 19 patients in the operative group (Group A) had contrast reached the colon and despite that they underwent surgery; what were the indications? Such findings need to be addressed in the Result section and elaborated upon in the Discussion section. I feel the Discussion should concentrate more on those unexpected findings supported by literature review.

- These 19 patients failed to progress clinically following reintroduction of oral intake with recurrence of symptoms and repeat AXR showing persistent signs of adhesive SBO.
- This has been added to the discussion.
- The CT findings have been further elaborated in the discussion.

Minor comments:

1. In the Abstract: you did not identify the groups A and B.

- The groups A and B were defined under the heading "Methods"

2. Under Results: specify the study period.

- This has been included in the "Methods"

3. Also, add the percentage of the number of patients in each group

- This has been added.

Reviewer #2:

**Specific Comments to Authors:** This manuscript retrospectively analyzes the clinical data of 252 patients with adhesive small bowel obstruction, and proposes objective factors that predict the success of non-surgical treatment of adhesive small bowel obstruction. The research process is rigorous and has high clinical guiding significance. And the submission is worth of publication. However, the number of selected cases is small, and the results need to be further validated by more robust data and long-term randomized controlled studies.

- Thank you for your comments. We agree that the number of cases is relatively small but the results will help inform clinical practice and act as a springboard for future prospective and/or randomized controlled trials.

We look forward hearing from you.

Kind regards,

Dr Zi Ng

On behalf of the authors