

Name of journal: *World Journal of Gastroenterology*

Manuscript Type: SYSTEMATIC REVIEW

Risk and management of Post operative Infectious Complications in Inflammatory Bowel Disease: A Systematic Review.

Kureemun Mowlah Reshma *et al.* Infection and Post-operative IBD.

Kureemun Mowlah Reshma, Jonathan Soldera

Answer to Reviewers.

Reviewer 1:

Reshma and Soldera reviewed on the risk factors for increased postoperative infectious complications in inflammatory bowel disease and discussed the management strategies to reduce morbidity and mortality in patients with IBD. In general, this review was well prepared, informative, critical and of educational and practical values.

We are truly grateful for the thoughtful assessment provided by the reviewer, which delved into the intricate realm of heightened postoperative infectious complications in inflammatory bowel disease and comprehensively addressed the strategic management approaches to alleviate the associated burdens of morbidity and mortality in individuals with IBD. The reviewer's recognition of the meticulous preparation, informative content, critical analysis, and the educational as well as practical significance of the review is both motivating and deeply appreciated.

1, Second paragraph, first sentence. A more recent article should be cited: Gastroenterol Rep (Oxf). 2022 Nov 9;10:goac063. doi: 10.1093/gastro/goac063. eCollection 2022. Surgery for Crohn's disease: upfront or last resort?

Done.

2, Table 3, typo in the table title “Figure 3”. Also, need a footnote to explain IASC.

Done.

3, Table 7, Need footnotes to explain abbreviations.

Done.

4, The other major risk for the patients is the recurrence of IBD after surgery. It is important to compare the risk factors for postoperative infectious complications with those for recurrence, so that better management plan may be designed. Therefore, this reviewer suggest the authors to relating their findings to those recently published at: Gastroenterol Rep (Oxf). 2022 Nov 16;10:goac070. doi: 10.1093/gastro/goac070. Post-operative prevention and monitoring of Crohn's disease recurrence

Done.

Reviewer 2:

This is an interesting review article; the topic is important and maybe of interest for the Journal readers. I have few considerations:

We are truly grateful for the thoughtful assessment provided by the reviewer, which delved into the intricate realm of heightened postoperative infectious complications in inflammatory bowel disease and comprehensively addressed the strategic management approaches to alleviate the associated burdens of morbidity and mortality in individuals with IBD. The reviewer's recognition of the meticulous preparation, informative content, critical analysis, and the educational as well as practical significance of the review is both motivating and deeply appreciated.

1. Please, review all the abbreviations during the article, specially Crohn's disease (CD) and ulcerative colitis (UC).

Done.

2. Abstract: Aim: The aim of this paper is to gather evidence on risk factors associated with increased postoperative infectious complications in IBD and explore management strategies to reduce morbidity and mortality.

Done.

3. Review the Grammar. I think that it is better to use patients with IBD instead of IBD patients.

Done.

4. The introduction is too long. Please, focus on the subject (IBD and post-operative complications).

We understand the concern; however, our intention is to furnish the reader with comprehensive information on the topic, which is why we prefer to maintain its length.

5. I have no concerns about the methods. The results are ok, no further comments. However, please comment that upadacitinib / risankizumab / ozanimod, etc, and other approved medications have no studies on the subject (one / two sentences).

Done.

6. I suggest to exclude the following: The role of ustekinumab in the treatment algorithm for IBD is still being determined (25, 53, 54). Finally, this is not a conclusion: To guide the care of IBD patients, an algorithm proposed by Zangenberger et al. can be followed. This involves assessing the patient's hemodynamic status, diagnosing disease severity using flexible sigmoidoscopy, considering medical therapy with IV corticosteroids and subsequent anti-TNF agents in cases of systemic toxicity, withdrawing corticosteroids if surgery is required, and reserving routine antibiotic administration for cases involving percutaneous drainage of an

intraabdominal abscess (61). If needed, include the sentence in the discussion. kind regards

Done.