

Point-by-point responses to reviewers

Dear reviewers,

Thanks for your hard work in reviewing our manuscript. We read with great caution to all your kinds comments and suggestions. Our point-by-point responses are as following:

Reviewer #03807998:

(1) In the abstract they report the aim is only to evaluate the feasibility of the placement, while in the introduction and methods the endpoints seem to be multiple. The abstract should therefore be corrected.

Response: We have revised the Aim of the Abstract as your kind reminder. "To evaluate the feasibility, safety, and effectiveness of the placement of a BSDSS for patients who underwent ML for large stone removal."

(2) I would not include the self-extraction or dislocation of the nasobiliary tube among the post-ERCP complications.

Response: As we presented in the manuscript, self-extraction or dislocation of the nasobiliary tube were regarded as post-ERCP adverse events, not complications. Since such events of self-extraction and dislocation of the nasobiliary tube may lead to inadequate biliary drainage, we still would like to describe them as adverse events.

(3) in the methods section, a description of how the ML was performed and what devices were used should be inserted.

Response: Thanks for your suggestion, and we have added related

information in the Method.

(4) no patients underwent stone or fragment extraction with balloon?

Response: For patients receiving mechanical lithotripsy, the wire-guided retrieval basket is usually used for stone extraction, and balloon will not be applied since additional medical costs are high; nasobiliary tube will be inserted for drainage before the introduction of BSDSS if residual fragment or sludge was suspected. For patients with lots of sludge and without the need of mechanical lithotripsy, balloon will be applied instead.

(5) in the methods section, page 7, the authors report: "Drainage of bile, as well as residual small fragments or sludge, was confirmed before withdrawal of the duodenoscope.". Does this mean they inserted the nasobiliary drainage or the BSDSS only in patients with evidence of residual small fragments/sludge? That line should be changed as it might be confusing.

Response: Thanks for your kind reminder. All patients who underwent mechanical lithotripsy received nasobiliary tube or BSDSS in this study, since almost all patients with mechanical lithotripsy had a risk of residual debris. We have revised this sentence to the following: "Drainage of bile, residual small fragments or sludge, was confirmed before withdrawal of the duodenoscope."

(6) the authors report that "Daily abdominal radiography was scheduled to determine the BSDSS location until the BSDSS was noted when the patient had a bowel movement. " Does this mean the patients were instructed to look for the stent in the feces? This should be specified, as noticing a 7Fr 7 cm stent in the feces might not be that easy.

Response: Yes. Patients with BSDSS were told to look for the stent in the feces,

and 16 of 21 patients (76.2%) with BSDSS noticed the dislodged BSDSS when they had a bowel movement. We have added this information in the Results.

In addition, as we suggested in the Discussion (Page 12), radiography on postoperative day 5 can be conducted to determine BSDSS location if the patient failed to notice the dislodged stent.

(7) the authors report "Postoperative cholangiography or abdominal ultrasound was performed to detect residual debris, and additional ERCP was performed when needed". Does this mean that all patients underwent either cholangiography or abdominal ultrasound? This should be better explained.

Response: No. For patients with nasobiliary tube, cholangiography was performed to detect residual debris if no dislodgement or dislocation of the tube was noted. For patients whose nasobiliary tube was self-extracted or dislocated, and for patients with BSDSS, abdominal ultrasound was performed to detect residual debris.

(8) the authors report "The endpoints of this study were CBD stone recurrence or October 2019." I would change the phrase "endpoints of this study" with "the end of follow-up for each patient was considered either CBD stone recurrence or October 2019", as endpoints might be confused with "outcomes".

Response: We have revised the Post-ERCP management of Method as your kind suggestion.

Reviewer #03646559:

(1) Congratulations to a well written manuscript.

Response: We appreciate your positive feedback to our manuscript. We have revised the manuscript to make it better. Hope you will enjoy it.