

We sincerely thank the editors and reviewers for their insightful and constructive comments regarding our manuscript. We have revised our manuscript in accordance with the comments. Our point-by-point responses to the respective comments are described below and all changes are shown in red in the text. In addition, English has been reviewed throughout the manuscript by native speaker again (Acknowledgement).

Reviewer #1:

(Comment #1)

I want to know better in detail about the authors' recommendation how to close the hiatus and fix the jejunal wall to the hiatus. Do you close the hiatus with some stitches, and then fix the jejunal wall nearly circumferentially except for the part of mesentery?

(Response)

We appreciate your important comment. As you requested, we add a statement about how to arrange the jejunal limb around the hiatus.

(Changes)

In the Results, the statement is rephrased (P6L10). And a statement "We consider that the jejunal limb except for the part of mesentery should be fixed to the right side of the hiatus or other abdominal structures by a couple of stitches using nonabsorbable sutures to achieve a straight line of an alimentary tract around the hiatus." has been added in the Discussion (P11L8-L11).

(Comment #2)

Do you recommend nonabsorbable sutures?

(Response)

We are thankful for your question. We consider that it should be done by nonabsorbable sutures to confirm the long lasting fixation. We have clarified it in the Discussion.

(Change)

A Statement has been added in the Discussion (P11L8-L10).

(Comment #3)

I want to know better about the one patient who underwent fixation of the

jejunal limb around the hiatus to achieve proper positioning in the first operation. Why was this fixation not enough to prevent this complication in that case?

(Response)

In the patient, the fixation had been performed using absorbable sutures.

(Change)

We have clarified it in the Results of the revised manuscript (P5L18).

Reviewer #2:

(Comment #1)

This report summarized unusual disturbed passage through the jejunal limb near the esophageal hiatus that occurred in five patients (2.4%) after purely LTG followed by OEJ. It may provide a certain degree of evidence for other similar patients.

(Response)

We are very happy to receive your positive comment. We sincerely appreciate that you are interested in our work.