

Title: Biliary complication in liver transplantation: Impact of anastomotic technique....

**Responses to reviewers:**

Reviewer #1 (code 00182833):

We thank the reviewer for his kind and helpful remarks.

- First of all the spelling mistakes within the manuscript have been corrected.
- All abbreviations have now been mentioned and a list of all abbreviations in the entire manuscript has been added.
- Of the 28 patients who were not eligible for study inclusion 26 has side-to-side anastomosis, one had end-to-end anastomosis and one had biliodigestive anastomosis.
- MRCP has now been included as a diagnostic tool.
- Page 10: The “no therapy” group was only established in order to be able to compare specific patient collectives within the study. Of course, this was not a “complication” group.
- Page 14: We agree that this sentence is very awkward. It has now been corrected.

Reviewer #2 (code 00069693):

We thank the reviewer for his kind and helpful remarks.

- The study limitations have now been mentioned explicitly in the DISCUSSION section.
- The abbreviations have now all been explained or mentioned in full. Additionally, a list of abbreviations has been incorporated.
- The entire manuscript and especially the abstract have been shortened. However, the journal requirements demand a certain length of the abstract.
- The AIM and CONCLUSION sections have now been modified in order to relate more specifically to one another.
- The INTRODUCTION has been shortened as much as possible.
- The technical details have been eliminated as extensively as possible.
- All liver transplantation procedures were performed by four individual surgeons.

Reviewer #3 (code 00186426):

We thank the reviewer for his kind and helpful remarks.

- The reviewer raises the interesting question if there were any relations between biliary complications and the underlying disease leading to liver transplantation. We analyzed our data regarding this question, and no relation could be detected. Patients with PSC received a biliodigestive anastomosis in all cases. For patients with HCC, alcohol-induced liver cirrhosis, HCV and HBV no relations could be found. All other indication collectives were very small, however, for them no relation could be detected either.
- We have now included radiological images.

Reviewer #4 (code 00051373):

We thank the reviewer for his kind and helpful remarks.

- We apologize if ICU stay appears to be over interpreted. The respective passage has now been modified.
- We thank the reviewer for the suggestion of a more straight scientific classification of the biliary tract stenosis. The proposed classification is very much congruent with the one we used. It was our goal to apply a very clinical classification that reflects the every-day clinical problems and the clinical decision based on the individual situation. However, we have slightly modified our classification in order to incorporate the suggestions made by the reviewer.
- In our patient collective no ABO-incompatible transplants were performed. This information has now been added to the manuscript. As living-donor and split-liver transplants were excluded from this analysis small-for-size syndrome did not play a role in our patient collective.

We hope that we have been able to answer the questions raised by the reviewers. We thank you for your critical evaluation and your constructive comments. Please let us know if further information may be required.

Dr. M. Schmeding