I appreciate the feedback from the reviewers and made several changes, which are highlighted in the revised version of manuscript.

Two of the reviewers raise questions about the inclusion of limited or lack of benefit in the section of 'adverse events'. I clearly agree, changed the title and expanded the discussion to clarify issues. Changing stimulation paradigms is somewhat analogous to changing drug dosages, which can certainly cause side effects, but should not be considered an adverse event by itself. The description of published data largely focuses on the more clearly defined problems, which often also require secondary surgeries. Lack or limited benefit surfaces as a reported adverse event in the section describing events listed in MAUDE. The clinical relevance of some of the episodes registered is limited, whether it is transient loss of benefit due to programming issues or an expired lead that has been discovered and replaced during surgery. Nonetheless, all of these events prompted extra steps to inform the FDA about a perceived adverse event. Especially in treatments that target quality of life, such as management of fecal incontinence, the perceived distress of an undesired outcome should count. It may also guide us as we can educate patients about common problems and their often successful solutions.

Based on the suggestions, I changed the figures and labeled studies by using the primary author's name and year of publication.

I added an additional figure to illustrate the time course of explants and reoperations (figure 3).

Finally, I added a "Comment" section as requested.