

June 15, 2016

Dear editor and reviewers,

Thank you for your consideration of our manuscript titled “Endoscopic Management of Post-Bariatric Surgery Complications.” We appreciate the comments from the reviewers and suggestions for revision. The suggested revisions and comments have been made and a revised manuscript is enclosed. The responses to the individual comments are detailed below.

We look forward to hearing from you.

Sincerely,

Matthew Kroh, MD, FACS

**Reviewer 1:**

This is a nice review article for the endoscopist who might be called upon to assist the bariatric surgeon is dealing with complications following surgery. There is good organization and practical advice. I would suggest that the authors provide more data from the literature in the following areas related to post-gastric bypass complications:

1. Injection therapy compared to thermal therapy for post-operative bleeding

*Thank you for this suggestion. Under the section “Gastrointestinal Bleeding” are sub-sections detailing the use of both injection therapy and thermal therapy for early postoperative bleeding. These sub-sections have been highlighted for your reference.*

2. Management of anastomotic leaks with self-expandable stents .

*Thank you for this suggestion. Under the section “Anastomotic Leak and Fistulas” is a sub-section that details the use of endoscopically-placed stents. Additional studies have been added detailing the use of SEMS for the management of postoperative anastomotic leaks. This discussion has been highlighted for your reference.*

3. The use of fibrin glue in the management of anastomotic leaks

*Thank you for this suggestion. Under the section “Anastomotic Leak and Fistulas” is a sub-section detailing the use of fibrin glue in conjunction with other modalities for the management of postoperative anastomotic leaks. This sub-section has been highlighted for your reference.*

4. Short and long term success of the treatment of anastomotic stricture with endoscopic balloon dilations.

*Thank you for this suggestion. Under the section “Anastomotic Leak and Fistulas” is a sub-section detailing the use of endoscopic balloon dilation. We have added additional studies, including recently published literature, which details the efficacy of balloon dilatation for both the short- and long-term management of anastomotic strictures. This information has been highlighted for your reference.*

5. Endoscopic therapies for weight regain - the authors should review the literature on endoscopic clip plication of the stoma. A contemporary discussion the on the management of complications after laparoscopic sleeve gastrectomy would also provide value to the reader.

*Thank you for this suggestion. Information regarding suture plication of the gastric pouch and stoma has been added underneath the sub-section “Endoscopic Stents” as well as the section “Weight Loss Failure or Weight Recidivism.” The additions have been highlighted for your reference.*

#### **Reviewer 2:**

1. Grammatical and typographical errors are highlighted in the text.

*Thank you for doing this. All of your edits have been accepted.*

2. Some of the references did not contain year of publication

*Thank you for pointing this out. All references that did not originally contain the date of publication have been added. These have been highlighted for you reference.*

3. Most of the references had too many authors

*Thank you for pointing this out. All author listings have been re-formatted and reduced per your suggestions.*

#### **Reviewer 3:**

1. I have evaluated this new review manuscript. The manuscript presently has difficulty in the flow of information. In Major Comments: The authors appear to describe two topics: Evaluation of Post-Bariatric Surgery Complications and Endoscopic Management after Bariatric Surgery. The manuscript would be easier to follow if one topic was chosen. The authors need to be more careful about the factual information (versus local opinion) that

is provided. For examples: 1) this is an international journal; in the first paragraph, the authors provide the percentage distribution of American bariatric procedures rather than citing international results (but don't state that it is American results).

*Thank you for bringing this to our attention. As the introduction paragraph discusses all worldwide trends, we have changed the rate of bariatric surgery from U.S. numbers to worldwide percentages. This change has been highlighted for your reference.*

2. starting in the abstract, the authors quote post-operative complication rates of 4 to 6%, but then they state that weight loss failure in a late complication (which in patients after gastric bypass surgery and adjustable gastric banding may range up to 25%). The authors need to be very specific about what they include as complications and include reasonable complication rates.

*Thank you for bringing this to our attention. We reviewed several recent publications as well as our own literature and found that complication rates following bariatric surgery vary significantly and can be as high as 68% following AGB. We have therefore changed this number to reflect that and it has been highlighted for your reference.*

3. I appreciate that the authors have subdivided into short term and long term complications. What is lost in the approach is the relative frequency of these complications. Acute GI bleeding is very rare but dysphagia and emesis are very common.

*Thank you for bringing this to our attention. On review of our article, we note that we do site the frequency of each complication discussed. For example, early GI bleeding occurs in 1%-4% of patients following RYGB, anastomotic leak occurs in 1% to 6% of patients, strictures occur in 3% to 28% of patients following RYGB and 0.2% to 4% of patients following sleeve gastrectomy, weight regain occurs in 10% to 20%, marginal ulcers occur in up to 16% of patients following RYGB, and band erosion in 0.1 to 7.7% of patients following ABG or VBG. These frequencies have been highlighted in the text for your reference.*

4. References for "Control of Bleeding" includes a meta-analysis that does not involve bariatric surgery. If the authors use such information, I would suggest noting that these techniques are either likely to be effective after bariatric surgery or could be studied in patients after bariatric surgery.

*Thank you for bringing this to our attention. We have re-formatted this sentence per your suggestion. This change is highlighted for your reference.*

5. Closure of leaks is an important endoscopic issue. The authors need to provide guidance on how techniques are chosen and utilized rather than just listing options (second paragraph of page 9).

*Thank you for this suggestion. We have further clarified when endoscopic techniques are used and which techniques are used most often. These changes are highlighted in the text for your reference.*

6. Vertical banded gastroplasty (page 17) requires upper endoscopy for evaluation of which symptoms and what are the endoscopists looking for?

*Thank you for bringing this to our attention. These details have been added to the VBG section and highlighted for your reference.*

7. Adjustable gastric banding (page 17) requires upper endoscopy for evaluation of which symptoms and what are the endoscopists looking for?

*Thank you for bringing this to our attention. Additional details have been added to this section and highlighted for your reference.*

8. In Minor Comments: Intermittently, unneeded commas are present in this manuscript.

*Thank you for bringing this to our attention. We have re-read the manuscript and re-formatted the grammar and punctuation to the best of our ability.*

9. In the later pages, there are comment in (): which suggests that changes were advised by another author that were not completed prior to submission.

*Thank you for bringing this to our attention. These have all been removed.*

10. "Chronic bleeding may present as iron deficiency anemia": bleeding from what? (this journal is read by clinical gastroenterologists).

*This has been removed from the text as it did not add any additional information to the discussion.*

11. The authors need to not repeat sentences: see, for example, the top sentences on page 5 starting with "most common location for bleeding".

*Thank you for bringing this to our attention. All duplicated sentences have been re-worded or removed per your suggestion.*

12. I don't believe that most people would reserve upper endoscopy after bariatric surgery for "when patients have persistent bleeding".

*Thank you for your comment. As some patients have a drop in their hemoglobin level postoperatively with no other clinical signs of hemorrhage, not every patient undergoes an endoscopy. We do agree that this sentence was misleading and have changed "persistent" to "proven" for further clarification. This has been highlighted in the manuscript for your reference.*

13. Gastroenterologists have used epinephrine injections for >30 years. It induces a fibrotic process.

*Thank you for bringing this to our attention. This has been clarified under the sub-section "Injection Therapy for Bleeding."*

14. There are multiple endoscopic clips; please specify which ones you suggest for specific complications.

*Fully covered self-expandable metal stents have been successfully used to treat anastomotic leaks following esophagectomy, gastrectomy, Roux-en-Y gastric bypass and laparoscopic sleeve gastrectomy.*

15. Please define abbreviations (see DS).

*All abbreviations used in the text are standard surgical abbreviations and are spelled out in full prior to their first use.*

16. If available, I believe that most physicians would make review of outside operative reports in a patient presenting with a complication "necessary" rather than "very helpful" (page 10).

*Thank you for bringing this to our attention. This section has been revised. In particular, the sentence that you are referring to has been removed. We hope that you find this section easier to read.*

17. Placement of NJ or PEJ tubes (page 10): for which bariatric surgical procedures and after which complications?

*Thank you for bringing this to our attention. This section has been revised. In particular, the sentence that you are referring to has been removed. We hope that you find this section easier to read.*

18. In Suturing (page 11-12): this paragraph was obviously intended to be rewritten. [I disagree with the author who appears to suggest adding information about management

of weight regain: that is a major topic in itself and requires more than a couple of sentences.]

*Thank you for bringing this to our attention. This section has been revised. We have further added information about suturing per your suggestion.*

19. Marginal ulcers and H. pylori (page 16): is there evidence that eradication of H. pylori prevents post operative marginal ulceration?

*The presence and/or treatment of H. pylori with respect to marginal ulcers is heavily debated and remains unknown. This has been clarified under the “Marginal Ulcer” section and highlighted for your reference.*

We hope that we have adequately addressed the reviewer’s comments, and appreciate the concerns of the reviewers. Please feel free to contact us with any further questions.

Sincerely,

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