

Dear Editor and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "The application of side to side anastomosis of the lesser curvature of stomach and jejunum in gastric bypass " (ESPS Manuscript NO: 27496). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Question #1: Also please detail how the changes impacted on your outcomes?

Response: thanks for your question. The key technology of laparoscopic gastric bypass are gastric pouch formation and gastrojejunostomy, in which the madding of a lesser curvature of independent gastric pouch has reached a consensus. Currently, the surgical techniques applied for anastomosis in LRYGB include circular-stapled gastrojejunostomy, linear-stapled gastrojejunostomy, and full hand-sewing gastrojejunostomy. The circular-stapled gastrojejunostomy was first described by Wittgrove in 1994 , which possesses the characteristic of easily control of anastomosis size. However, this surgical method demands prolonged length of operation time because it is difficult to insert a stapling anvil

block inside the gastric pouch and find the active bleeding spot at anastomotic site. Although the technique of full hand-sewing gastrojejunostomy was first reported by Higa in 2000, it was not expediently accepted by surgeons due to the requirement of longer learning curve and stronger laparoscopic suture skill. Schauer first introduced the linear-stapled gastrojejunostomy in LRYGB, which triumphed over the complexity of stapling anvil block placement in circular-stapled gastrojejunostomy and improved the management of anastomosis bleeding. Several studies show that there was no difference in anastomotic related complication for 25 mm circular-stapled ,full hand-sewing and linear-stapled.It is important to control the size of anastomotic for laparoscopic gastric bypass and which in gastrojejunostomy was certainly difficult, but there has no standrad for the methods of gastrojejunostomy nowadays.

The classical linear-stapled gastrojejunostomy anastomoses the posterior of gastric pouch with jejunum and continuous or discontinuous closes the common opening.This method has the advantages of omitting to insert a stapling anvil block inside the gastric pouch as well as easily finding and handling the active bleeding spot at anastomotic site. But it needs a skilled laparoscopic technique to close the common opening, for improper suture may cause the anastomotic stenosis. Considering the shortcomings above, we improve the method of Torres which using

circular-stapled gastrojejunostomy in lesser curvature. We take the linear stapler instead of Torres' circular stapler to perform the gastrojejunostomy in lesser curvature of stomach and close the common opening. The width of anastomosis was 2.5 cm (equal to the diameter of 25mm circular-stapled). It has three advantages, firstly, it not only retains the linear-stapled advantage, but also easily to standardized, therefore easy to control the anastomosis size, avoiding the laparoscopic suture operation, such shortened the learning curve. Secondly, because we use liner-stapled for side to side anastomosis of the lesser curvature of stomach and jejunum, which insured the width of gastric pouch, so it is easy to formation narrow and long gastric pouch, and reduces gastric jejunum anastomotic tension. Lastly it can maximize the distance of two closed line, so the anastomosis has better blood supply.

Question #2: Why not compare the study findings with some relevant studies which have similar objectives as yours?

Response: In the introduction of this paper, we introduce the related multiple study results of the methods and related complications of gastrojejunostomy, indeed we had not discuss our methods in detail.

This is the preliminary results of retrospective study of clinical practice in recent years, we will use prospective study to system evaluation the advantages and disadvantages of side to side anastomosis of the lesser curvature of stomach and jejunum and classical liner stapled.

Because of the limitation in mainland, we can't login the Google Scholar and CrossCheck. Could editor help us check revised manuscript.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.