

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 29944

Manuscript Type: *Prospective study*

Five-years outcomes of laparoscopic sleeve gastrectomy as a primary procedure for morbid obesity: A prospective study

Scientific Research Process:

1 What did this study explore? This prospective study evaluated the 5-years outcomes of a highly restrictive primary LSG in terms of weight loss and resolution of comorbidities. Early and late postoperative complications after 5-years follow-up were also analyzed.

2 How did the authors perform all experiments? All patients underwent a laparoscopic sleeve gastrectomy performed by the same surgeon using a standard technique and following always the same steps. The gastric division started at 3 cm proximal to the pylorus. The LSG was calibrated using a 34 F oral gastric tube (1.13 cm) in all patients and the gastric stapled line was always reinforced.

3 How did the authors process all experimental data? Preoperative and perioperative data (operating time, hospital stay, etc.) from the patients have been prospectively registered in a database from the moment of diagnosis and along all the follow-up period and after analyzed. All stated data in the manuscript, including tables and graphics, are extracted from this database.

4 How did the authors deal with the pre-study hypothesis? We hypothesized that laparoscopic sleeve gastrectomy can be a safe and efficient operation dealing with morbid obesity, but evidence about long-term results of this technique is scarce.

5 What are the novel findings of this study? LSG built with a narrow 34 F bougie and starting 3 cm from the pylorus, proved to be safe and highly effective in terms of long-term weight loss as a stand-alone procedure, specially in those patients with a preoperative BMI lower than 40 kg/m²

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A handwritten signature in blue ink, appearing to read 'CH', is positioned over the contact information. The signature is stylized and fluid.