

Reviewed by 03666075

This manuscript is well-written and presents a detailed retrospective analysis of 90-day readmissions following inpatient elective and emergency cholecystectomies. Below are my comments: 1. Only 8.45% of readmissions occurred in Month 3 (Fig. 2). Please justify the reasons for choosing 90 days as the following period instead of 60 days. The authors state that "Almost 50% of patients were readmitted in the first week after discharge, and most second readmissions occurred during the second month." It seems that the readmissions during the third month are insignificant. 2. Although readmission is related to quality of care, the importance has been questioned due to only some of them are preventable. Joynt KE et al. claimed that near-term readmissions (within 7 days after discharge) are much more under the hospital's control than later ones (Reference 8). Please classify the reasons for readmission according to preventability. If the readmissions between 30 and 90 days after discharge are mostly inevitable, is it necessary to study this group? 3. There are some spelling errors such as cholelithiasis, cholecistitis, and polyps (Table 2). Language polishing is mandatory.

Dear Review 03666075:

1.-The current trend to study the complications after mayor surgery is using 90 days as a time limit, according to latest publications. The cholecystectomy has theoretically less complications, but we think using 90-days is necessary to unify criteria in morbidity studies.

2.-We fully agree the most important are preventable readmissions by its impact on the cost. But there are not consensus criteria to define preventability since it could be subject of interpretation. The retrospective nature of our study does not allow us a uniform definition of preventability and we require prospective studies to be able to do so reliably.

3.- We have reviewed our spelling errors.

Reviewed by 02541712

Nice study aiming at defining the standard readmission time cuto-off of 90 vs. 30 days post cholecystectomy. Some concerns: 1. What is missing - is the analysis of risk factors for readmissions (71 readmission should be enough to analyze risk factors). Which patients, settings, procedures or techniques are likely to be at higher risk. 2. How do authors explain the rate of intraabdominal abscesses - is it comparable to other so called low-risk intraabdominal surgeries? 3. Are non-surgical causes of readmissions a direct consequence of the previous cholecystectomy or they only reflect comorbidity of patients? For example should a pneumonia 2 months post surgery be regarded as its complication? Should it be considered a readmission after cholecystectomy at all?

Dear Review 02541712

- 1.- The aim of our study is to identify the readmission rate after cholecystectomy at our Hospital. It is a preliminar study for showing the reason for readmission and we need a prospective design to analyze risk factors
- 2.- Our high rate of intraabdominal abscess can be explained by intraoperative findings of "difficult cholecystectomy", but we need to standardize our criteria in this regard, or by the cronic cholecystitits in histological study of all pieces.
- 3.- Probably many of the medical causes for readmission included in our study are not related to the surgical procedure. We wanted to be especially comprehensive in the collection of complications since there is no consensus as to what medical readmission reasons should be included in this type of study, and we found no major differences in this subgroup with respect to other publications.

Review 03211792:

It is an interesting study to use 90-day as a time limit to determine the incidence of readmission after cholecystectomy. However, the more comparasion of 30-day to 90-day readmission is lack, such as different complication or risk factors. It is better to explain the difference between them in more details. Anyway, the study is nice.

Dear Review 03211792:

We raise the time limit according the current trend in hepatic surgery.

In our series, the comparison of 30-days to 90-days readmission rate after cholecystectomy shows a increase in the readmisi3n rate for biliary reason, mainly choledocolitiasis and acute pancreatitis.