

Dear Editor

Thank you very much for the opportunity to submit our manuscript "**Influence of nutritional status in the postoperative period of patients with inflammatory bowel disease**". All the review's suggestions were evaluated and they are described here and it also highlight in yellow on the text.

We hope to have taken care at the issues.

● **Reviewer 1:**

1. **This paper provides several risk factors and generally discussed (summarized) the related evidence. As a narrative review, it doesn't put new insights (knowledge) into this area.**
2. **Moreover, the topic of IBD doesn't really fit the scope of the journal either.**

R: The article was indicated to the *World Journal of Gastrointestinal Pharmacology and Therapeutics*, in the column *Evidence Review*.

● **Reviewer 2:**

1. **In case of nutritional risk, perioperative nutrition therapy should be started without delay and should follow recent guideline recommendations (ESPEN). Please bring a short comment/text/paragraph on this topic.**

R: Accepted request. Page 11,12.

2. **In order to assess metabolic recovery and the prognosis for long-term survival, C-reactive protein/albumin ratio may be a promising parameter. Please comment C-reactive protein/albumin ratio (CAR). The aim of this review is influence of nutritional status in post-operative period.**

R: Accepted request. Page 7,8.

3. **Can you comment Bile Acid Malabsorption in ilea resection Crohn's disease and the effect of the nutritional status - recommendations for diagnostic/treatment options etc.**

4. R: Accepted request. Page 5.

5. **Please consider or address this statements; Metabolic control, e.g. of blood glucose perioperative? Reduction of factors that exacerbate stress-related catabolism or impair gastrointestinal function; Minimization of the time on paralytic agents for ventilator management in the postoperative period; Early mobilization to facilitate protein synthesis and muscle function.**

R: Page 7, 8.

Although the recommendation on minimizing the time of use of paralyzing agents is present in the guidelines for clinical nutrition in surgery, no evidence of this conduct was found for patients with inflammatory bowel diseases. Therefore, we chose not to comment on this matter. Below are the references consulted:

BISCHOFF, Stephan C. et al. ESPEN practical guideline: Clinical Nutrition in inflammatory bowel disease. **Clinical Nutrition**, v. 39, n. 3, p. 632-653, 2020.

LAMB, Christopher Andrew et al. British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults. **Gut**, v. 68, n. Suppl 3, p. s1-s106, 2019.

SOOD, Ajit et al. Diet and inflammatory bowel disease: The Asian Working Group guidelines. **Indian journal of Gastroenterology**, v. 38, n. 3, p. 220-246, 2019.

MATSUOKA, Katsuyoshi et al. Evidence-based clinical practice guidelines for inflammatory bowel disease. **Journal of gastroenterology**, v. 53, n. 3, p. 305-353, 2018.

NAKASE, Hiroshi et al. Evidence-based clinical practice guidelines for inflammatory bowel disease 2020. **Journal of Gastroenterology**, p. 1-38, 2021.

6. **Subjective Global Assessment C or NRS \geq Preoperative serum albumin <30 g/L (with no evidence of hepatic or renal dysfunction)? with low C-reactive protein/albumin ratio (CAR) (≤ 0.038) and those with high CAR (>0.038 ; $p < 0.001$).**

R: Page 8.

7. **Indications for parenteral nutrition?**

R: Page 7,8.

8. Please read these articles and possible cite? Ref? 1) Influence of nutritional status on postoperative outcome in patients with colorectal cancer – the emerging role of the microbiome De Gruyter | Published online: December 9, 2017 DOI: <https://doi.org/10.1515/iss-2017-0039> 2) Adams, D.W.; Gurwara, S.; Silver, H.J. Sarcopenia is common in overweight patients with inflammatory bowel disease and may predict need for surgery. *Inflamm. Bowel Dis.* 2017, 23, 1182–1186.

R: Page 11.

9. Word in the text "Corroborating"? Is it correct?

R: Page 9 The word has been deleted