

Specific Comments To Authors: Even if the inclusion and exclusion criteria are specified, how did we arrive at a perfectly equal number of the two study groups? Specify well any limitations of the work identified by the authors.

-----And the limitation of this retrospective study lies in the fact that the digestive center of Zhongshan Hospital Affiliated to Xiamen University included gastrointestinal surgery and general surgery. Therefore, the 40 patients with TLG and 40 patients with LAG in this retrospective study may be from different surgical treatment groups, which means that there are deviations in the surgical process caused by the difference in operational level of the operators. In addition, different surgical groups may also lead to certain differences in the diagnosis and treatment protocols adopted after surgery. For example, patients undergoing TLG resume enteral nutrition path earlier, enterohepatic circulation is opened, bilirubin circulates into the blood through the portal vein, and postoperative transient increase of bilirubin. This may also be the reason why the level of bilirubin on day 3-4 after surgery and indirect bilirubin on day 5-7 after surgery are both higher in the patients undergoing TLG.

Specific Comments To Authors: This is an interesting study, but I have a few comments: 1) in the abstract, it is necessary to spell out all abbreviations at the first mention; 2) the chapter Results should be literary revised for better understanding; 3) In the Discussion chapter, a discussion of the strengths of your study and its limitations should be added

-----Thank you for your helpful comments. We have made literary revised in this article.