

Dear editors,

Dear reviewers,

Thank you for your time to review our paper. We acknowledge that our paper might have some issues in conformity with the referees' comments. We have addressed them and revised the manuscript accordingly (with track changes).

We can see that some of the points are severely critical. However, we hope that the reviewers' requirements will be satisfied since we addressed them appropriately.

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

- Thank you for the overall evaluation of our paper as good.

Specific Comments to Authors: The authors have written a minireview on the long-term outcomes and complications of bariatric surgery. I have following comments regarding the manuscript:

Major issues 1. There should be a table summarizing the long-term outcomes of weight loss from different studies including their follow up period and a separate table summarizing the long-term complications, their incidence and their management.

- Thank you for the recommendations. We really appreciate them. However, there are such papers, namely systemic reviews and metaanalysis with extensive tables. In this paper, we focus more on the overall data and the critical comprehension of the state of the art papers, and also we chose to present the information with figures.. However, if the referee insists, we can cite more papers or could the referee recommend which papers to include in these tables, because there are more than 150 studies.

2. The management of the long-term complications must be discussed in detail.

- Thank you for the suggestion. We have improved this section of the paper.

Minor issues

1. In the lines "Chierici et al. [34] included 39 papers in their systematic review and meta-analysis to demonstrate that biliopancreatic diversion with duodenal switch provides the best weight loss results (1 and 3 years), (total weight loss 12.38 and 28.42), followed by single-anastomosis duodenoileal bypass (9.24 and 19.13), one-anastomosis gastric bypass (7.16 and 13.1), and Roux-en-Y gastric bypass (4.68 and 7.3) were all superior to re-sleeve gastrectomy. " what does the numbers in the brackets mean?

- Thank you for marking this as unclear. We provided the needed information.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors:

1. Are there controversies in this field? What are the most recent and important achievements in the field? In my opinion, answers to these questions should be emphasized. Perhaps, in some cases, novelty of the recent achievements should be highlighted by indicating the year of publication in the text of the manuscript.
 - Thank you for your questions. No contradictions are found in scientific publications available in a global database. The effects of bariatric procedures are warranted, but in our opinion more synthesized summaries of the growing evidence on both the benefits and risks of bariatric surgery are needed, in order to better guide personalized therapy in each individual patient.
 - We add the year of the studies when feasible.
2. The discussion section is modest.
 - Thank you for the comment. We made corrections to this part of the article.
3. Abstract: not properly written.
 - Thank you for the valuable comment. We have made the necessary corrections to the abstract.
4. Conclusion: The section devoted to the explanation of the results suffers from the same problems revealed so far. Your storyline in the results section (and conclusion) is hard to follow. Moreover, the conclusions reached are really far from what one can infer from the empirical results.
 - Thank you for the comment. We made corrections to that part of the article.
5. The discussion should be rather organized around arguments avoiding simply describing details without providing much meaning.
 - Thank you for the comment. We made corrections to this part of the article.