

Reviewer #1: The overall quality of the manuscript has improved significantly, including the addition of recent references. Unfortunately, the authors ignored the reviewer's recommendations to add informative tables and figures. The absence of illustrative material will make it difficult to read the article, but generally, it will not significantly degrade its quality.

Response to Reviewer #1: Thank you for your recognition of the quality of this review. We have added figures and tables containing relevant information about the article in this review, which are respectively Figure 1 (Five diagnostic tools of BAD) and Table 1 (Treatment of post-cholecystectomy BAD).

Reviewer #2: it is well written review article highlight the problem and discuss the psychophysiology and its implications on treatment.

Response to Reviewer #2: Thank you so much for your positive comments.

Reviewer #3: The manuscript's topic is relevant in connection with the widespread use of cholecystectomy worldwide. However, the subject is not fully disclosed by the authors. There is clearly not enough epidemiological data in the manuscript that is required to emphasize the importance of postoperative diarrhea. The manuscript is titled "Diagnosis and Treatment of Postcholecystectomy Diarrhea", but the diagnosis, which is not very simple and important, is given in no more than 2 sentences. The treatment is disclosed in sufficient detail, but there are not enough recent publications (2023). It is recommended 1) to include a section on epidemiology and risk factors (see, for example, Farrugia A et al, 2022); 2) to review the BAD pathogenesis, including the role of the gut microbiota (e.g., Xu Y et al, 2022, 2023; Kumar A et al., 2023), and briefly discuss other causes of postcholecystectomy diarrhea besides BAD; 3) to include a section on diagnosis, discussing underdiagnosis and delay in diagnosis (see, for example, Farrugia A et al, 2021), and the possibility of routinely using more straightforward fecal bile acid tests instead of the SeHCAT test that is not always available; 4) when discussing treatment, it is recommended to separate approaches that are already available in routine practice and future approaches that are only being developed; 5) it is recommended to add tables (for example, with diagnostic tests and treatment options) and figures (for example, algorithms for diagnosis and treatment/management of patients with postcholecystectomy diarrhea); 6) it is recommended to add the latest scientific publications (2022-2023). The manuscript may be recommended for publication after a major revision.

Response to Reviewer #2: : Thank you so much for your constructive comments. We have revised our manuscript:

1. Revised review to add descriptions related to the epidemiology of gallbladder disease and cholecystectomy.
2. This review is written on the diagnosis and treatment of bile acid diarrhea (BAD) presenting after cholecystectomy. In the review the causes of BAD are described in the section on treatment and are not listed separately. Because the article focuses on bile acid diarrhea after cholecystectomy, other causes of diarrhea after cholecystectomy besides BAD are not discussed.

3. The revised review has added a section on the diagnosis of BAD. And the SeHCAT test has been described in relative detail.
4. The overview describes each treatment in the chapter on treatment, listing the characteristics and shortcomings of the treatments separately, which makes it easier for the reader to deepen his or her understanding of the different types of treatments.
5. We have added figures and tables containing relevant information about the article in this review, which are respectively Figure 1 (Five diagnostic tools of BAD) and Table 1 (Treatment of post-cholecystectomy BAD).