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Turin, 14/01/2017

Lian-Sheng Ma,  
President and Company Editor-in-Chief

Ze-Mao Gong,  
Science Editor, Editorial Office

Dear Prof. Lian-Sheng Ma, Prof. Ze-Mao Gong

We take this opportunity to thank the reviewers for their comments.

We would like to submit to your attention the revised copy of the original manuscript entitled  
**“GERD and morbid obesity: to sleeve or not to sleeve?” ID (31582).**

We have revised the manuscript according the suggestion; the changes to the manuscript are highlighted by using the track changes mode in MS Word. Reviewers' questions and concerns are reported and discussed hereby

Thank you very much for your consideration.

Sincerely yours

Prof. Mario Morino

## EDITOR

1. *“Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B).”*

Prof. Patti is one of the coauthors and performed the language editing. Prof. Patti, based on his personal experience as an Authors of many manuscripts and books in English and the fact that he is on the Editorial Board of many scientific journals including Annals of Surgery and the Journal of Gastrointestinal Surgery, certifies that the language of the manuscript has reached Grade A after few changes.

We provide you with the PDF certificate.

2. *“Please revise and perfect your manuscript according to peer-reviewers’ comments.”*

We have revised the manuscript according to peer-reviewers’ comments (see below)

3. *“In order to attract readers to read your full-text article, we request that the author make an audio file describing your final core tip, it is necessary for final acceptance. Please refer to Instruction to authors on our website or attached Format for detailed information.”*

We have submitted an audio file with the audio core tip.

4. *“Please provide all authors abbreviation names and manuscript title here. World J Gastroenterol 2017; In press”*

We have provided all authors abbreviation names and manuscript title.

Rebecchi F, Allaix ME, Patti MG, Schlottmann F, Morino M. GERD and morbid obesity: to sleeve or not to sleeve? World J Gastroenterol 2017; In press

5. *“Please check that there are no repeated references!”*

We have checked all references.

**REVIEWER 00069819**

*“This is an interesting narrative review of the relationship between GERD and sleeve gastrectomy. The Authors discuss the various aspects of the topic, with a special focus on the factors decreasing or increasing post-operative GERD, and the pertinent remedies available. The review is concise and yet comprehensive. I believe it is a valuable update on this interesting topic, and will attract a significant number of readers. My only comment/suggestion is that the Authors may consider the inclusion in their literature review of some of the recently published studies on the topic. Below is one example: 24-h Multichannel Intraluminal Impedance PH-metry 1 Year After Laparoscopic Sleeve Gastrectomy: an Objective Assessment of Gastroesophageal Reflux Disease. Georgia D, Stamatina T, Maria N, Konstantinos A, Konstantinos F, Emmanouil L, Georgios Z, Dimitrios T. Obes Surg. 2016 Sep 3. [Epub ahead of print]”*

We would like to thank the reviewer for this valuable comment. All significant papers published in 2014-2016 on this topic at the moment of the revision of this manuscript have been included in the manuscript (text and/or references). Moreover, we have add the following paragraph at page 9: “Very recently, Georgia et al. <sup>[43]</sup> prospectively studied 12 obese patients without preoperative reflux symptoms by using 24-h multichannel intraluminal impedance-pHmetry (MIIpH) before and one year after LSG. Mean preoperative DMS was 18.15. DMS was abnormal in 5 (42.7%) patients. Postoperatively, abnormal DMS was detected in 10 (83.3%) patients. At one year after surgery, DMS was almost 2.5 times higher than the preoperative DMS.”

**REVIEWER 03261461**

*“This review is well written comprehensive but I think the authors need to give some focus on the medical treatment of GERd post sleeve operations Some studies are also giving controversial data about this and this should be included”*

In reply to this comment, the following paragraph was added at page 13:

“Medical therapy with PPIs represents the initial treatment option in patients with GERD after LSG. However, data reported in the literature regarding the efficacy of this approach are heterogeneous, mainly due to the lack of consistency in defining GERD. For instance, Hendricks et al.<sup>[56]</sup> recently analyzed 919 obese patients undergoing LSG. GERD was defined based on pH manometric findings. They found de novo GERD in 3% of patients: most patients were successfully managed with low or high doses of PPIs and conversion to LRYGB was necessary in only 4% of them. Sheppard et al.<sup>[42]</sup> found similar results. On the contrary, other authors reported high rates of failure of PPI therapy, suggesting revisional surgery in patients with refractory GERD after LSG.<sup>[57,58]”</sup>

The following references were changed accordingly.