

First of all, we would like to say thank you to all the reviewers for the useful and precious comments to improve the manuscript. We have addressed all the comments as explained below.

REVIEWER 1

Comment1: “Fistula stent could not control completely”

Response1: Thank you very much for your time and efforts on reviewing our manuscript. This is an important comment because we had been discussed about this for a long time. Like other isolation techniques in treating fistula, this fistula stent cannot control the lost enteric effluent completely by now. But it functions successfully in regaining intestinal physiology and anatomy (line 12, page 4), which means a lot in maintaining homeostasis and restoring EN. Secondly, if compared with untreated EAF there is still an obvious dropping in the amount of lost enteric effluent, which results in less erosion to the wound surface and improved infection condition. And we have been trying to improve this fistula stent from materialogy and microengineering in order to reach complete control (line 24, page 5).

Comment2: “Why fistula stent is better than others”

Firstly, fistula stent can be applied in the early age of open abdomen as the majority of other techniques could only be used after the formation of frozen abdomen or adhesion within abdominal cavity (line 6, page 5). Secondly, patients treated with fistula stent could restore external nutrition earlier. Thirdly, fistula stent is a technique that accords with normal intestinal physiology and anatomy.

Comment3: “What is the patient’s final treatment option”

We have addressed this comment by adding the patient’s rehabilitation programme and final surgical planning (line 35, page 4). The patient is receiving external nutrition in good condition and waiting for definitive intestinal anastomosis and abdominal closure, in which the fistula stent will be drawn from the orifice of the fistulous tract.

Comment4: “Language inappropriate”

We have addressed this comment by revising the manuscript carefully and replacing some words with more appropriate words.

REVIEWER 2

Comment1: “Inappropriate language and incorrect grammar”

Thank you for this advice! We have addressed this comment by replacing some words (line 37, page 3) with more appropriate words and revising the whole manuscript.

Comment2: “Should enlarge samples”

This is an important comment because we have applied “fistula stent” in several EAF patients which have good outcomes. And we are planning to enlarge samples and conduct a controlled trial to verify its effectiveness.

Comment3: “Should revise the title, abstract”

Thank you again for your attentiveness. We have addressed this comment by revise our title (line 3, page 1), abstract (line 12, page 2) and some sentences (line 15, page 3) in the manuscript.

Comment3: “is fistula stent effective or not”

Like other isolation techniques in treating fistula, this fistula stent cannot control the lost enteric effluent completely by now. But it functions successfully in regaining intestinal

physiology and anatomy (line 37, page 3), which means a lot in maintaining homeostasis and restoring EN. Secondly, if compared with untreated EAF there is still an obvious dropping in the amount of lost enteric effluent, which results in less erosion to the wound surface and improved infection condition. And we have been trying to improve this fistula stent from materialogy and microengineering in order to reach complete control (line 25, page 5).

REVIEWER 3

Comment1: "Please confirm patient received informed consent"

Thank you very much for your time and efforts on reviewing our manuscript. We have uploaded complete informed consent and the editor has received it, please recheck it.

Comment2: "Explain how do you hold the stent inside the bowel"

This is an important comment and we have addressed this comment by adding a concept graph (Figure 30, page 9) demonstrating how is the stent held inside the bowel in order to make it understood.

REVIEWER 4

Comment1: "Language inappropriate"

Thank you very much for your time and efforts on reviewing our manuscript. We have addressed this comment by replacing some words (line 4, page 3) with more appropriate words.

Comment2: "Should enlarge samples"

Thank you again for your recognition of the fistula stent. This is an important comment because we have applied "fistula stent" in several EAF patients which have good outcomes. And we are planning to enlarge samples and conduct a controlled trial to verify its effectiveness.

Comment3: "incorrect terms"

Thank you for your advice. We have replaced the word "energieloss" with "cachexia" and "orificium fistula" with "the orifice of the fistulous tract".

REVIEWER 5

Comment1: "Lacks a conclusive sentence"

Thank you very much for your time and efforts on reviewing our manuscript. We have addressed this comment by adding a conclusive sentence in the abstract to let readers know the outcome in the abstract (line 15, page 2).

Comment2: "What is the patient's final treatment option"

We have addressed this comment by adding the patient's rehabilitation programme and final surgical planning (line 35, page 4). The patient is receiving enternal nutrition in good conditon and waiting for definitive intestinal anastomosis and abdominal closure, in which the fistula stent will be drawn from the orifice of the fistulous tract.