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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 7853

Title: Laparoscopic Re-Sleeve Gastrectomy as a treatment of weight regain after Sleeve

Reviewer code: 02445548

Science editor: Huan-Huan Zhai

Date sent for review: 2013-12-08 13:26

Date reviewed: 2014-02-09 11:39

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

An interesting topic but certainly a small series in an area that has been published before. A few of the following points need to be addressed: 1) radiological documentation of a successful surgery the first time around (i.e images on post-operative day 2 or after to show that the pouch was not already there from a technical failure. 2) Although the LRSG showed success with further weight loss, the median BMI of the cohort at 12 months is more than 32, which by the American Association of Clinical Endocrinologist's definition, would still warrant bariatric surgery, so would this LRSG be considered successful, especially if new patients with this BMI may still warrant treatment. Should another procedure like a lap DS or gastric bypass be considered and if not why? A detailed explanation should have been given in the discussion section. 3) The "honeymoon phase" after any bariatric surgery is the first 12 months, with the maintenance phase to follow but this study only has a median follow-up of 12 months and the continued success remains to be seen. 4) The reason for the dilatation of the remnant pouch is a phenomenon that still remains unconfirmed, with some postulating technical failure in the first surgery. As mentioned in the first point, perhaps evidence can be provided to persuade the argument one way or the other. If it is not truly a technical issue, the other important components of successful weight loss such as the psychological assessment, post-surgical diet documentation etc should be discussed and included or excluded as potential causes of this weight regain. 5) What would the authors do if weight regain occurs after the 12 months follow-up? A third time LRSG? What would the limit be and when would the procedure be deemed unsuccessful or likely to be of low success in this group of patients and requiring a consideration of other procedures.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 7853

Title: Laparoscopic Re-Sleeve Gastrectomy as a treatment of weight regain after Sleeve

Reviewer code: 01213174

Science editor: Huan-Huan Zhai

Date sent for review: 2013-12-08 13:26

Date reviewed: 2014-02-19 19:37

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

GENERAL This is a case series of laparoscopic re-sleeve gastrectomy (LRSG) in obese patients who showed weight regain after laparoscopic sleeve gastrectomy (LSG). The present study is important because there are few data on this type of bariatric surgery. However, the manuscript lacks essential information about the technical feasibility of LRSG. This reviewer requires more information on this issue.

SPECIFIC Major

- The inclusion of patient background in the Results part led to confusion and hindered understanding of the manuscript. The review of the initial LSG and the patient background should be described in the Patients and Methods part. The reviewer recommends reconsideration of the structure of the manuscript.
- The type of initial LSG or the size of the gastric tube before LRSG in the 11 enrolled patients should be described.
- Operating time and blood loss in LRSG should be indicated.
- In Figure 2, the data should be shown as means and standard deviations.
- Figure 3 is unfit for showing improvement of co-morbidity by LRSG.

Minor

- Does "Sleeve" in the title mean "sleeve gastrectomy"?
- In order to facilitate readers' understanding, the reviewer recommends that the results be described separately under specific subheadings.
- The reviewer recommends linguistic revision by a native English speaker.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 7853

Title: Laparoscopic Re-Sleeve Gastrectomy as a treatment of weight regain after Sleeve

Reviewer code: 02537341

Science editor: Huan-Huan Zhai

Date sent for review: 2013-12-08 13:26

Date reviewed: 2014-02-24 16:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

There is not something new in this study compared with previously published articles. However, your results were feasible and effective despite of technical difficulties of re-sleeve gastrectomy. 1. Were any patients who underwent RYGB or BPD/DS with insufficient weight loss or weight regain after sleeve gastrectomy? Could you include comparative data between RYGB or BPD/DS and re-sleeve gastrectomy in terms of feasibility, safety and outcomes? This could make up for this limited study. 2. Failure of sleeve gastrectomy can result from a variety of factors including incomplete resection of the stomach or dilatation of the residual stomach. P. Noel et al summarized well the evaluation algorithm of sleeve gastrectomy failure. [1] Were any weight-regaining patients who showed no gastric pouch dilatations on barium swallowing tests? Your discussion may also want to include comments about the followed article. 1. Patrick Noel et al (2013) Revised sleeve gastrectomy : another option for weight loss failure after sleeve gastrectomy. Surg Endosc.