Reviewer’s report

**Title:** A flow visualization model of duodenogastric reflux after esophagectomy with gastric interposition

**Version:** 1  **Date:** 6 August 2013

**Reviewer:** peter lamb

**Reviewer’s report:**

This is a well written study describing an experimental model of DGOR following oesophagectomy. The main limitation, acknowledged by the authors, is whether these findings are applicable to clinical practice. There are many other factors influencing DGOR, which have not been taken into account, and the behavior of a gastric tube is likely to be more complex than the fixed experimental tube.

**Discretionary Revisions**

1. Presumably the anastomoses in the study were cervical – how would these findings apply to an intra-thoracic anastomosis in the posterior mediastinum?

2. Although statistically significant the actual difference in the amount and height of refluxate are small between different routes of reconstruction. This should be acknowledged. Do the author’s have any evidence that these differences have clinical relevance? The relatively minor differences are unlikely to alter a surgeon’s preference for route of reconstruction.

3. The difference in reflux between pyloric diameter are more marked but not unexpected given the design of the experiment. The absence of a pyloroplasty can lead to reduced gastric emptying (as shown by the authors previous studies) and therefore an increase in gastric fluid and food within the stomach to reflux higher. Have the author’s tried to evaluate this by combining their experimental models?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests