Author’s response to reviews

Title: Irritable bowel syndrome-like symptoms and health related quality of life two years after Roux-en-Y gastric bypass - a prospective cohort study

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BMC Gastroenterology

Dear Editor,

We appreciate the useful comments made by the peer reviewers and are grateful for the opportunity to submit a revised version of the manuscript BMGE-D-19-00262R1.

Reviewer reports:
Yoav Mazor, MD (Reviewer 1): I thank the authors for their reply to comments. I believe the manuscript contains relevant and reliable information for decision making and patient information. Nevertheless, there are crucial points that the authors seem to be unable to answer due to study design. These include:
- No control group
- Unavailable information regarding medication
- Inability to differentiate among the functional abdominal pain syndromes, including pain vs discomfort as per Rome III
- No consistent work up for symptoms
I suggest to reword the discussion as to have a paragraph starting with 'This study contains several major limitations...', and then list the relevant limitations as currently contained in the manuscript and also above.

Author’s response

We are happy that the reviewer find the topic interesting and appreciate the encouraging comment. We agree that the limitations could have been more directly addressed and that the limitation of not differing between the different functional abdominal pain syndromes was not addressed.

To address this “This study contains several major limitations. The study did not differentiate between the different functional abdominal pain syndromes” is added to page 14 of the revised version of the manuscript. The limitations of lacing control group, information regarding medications and no consistent workup for symptoms were addressed in the original version of the manuscript and is left unchanged.

“This study contains several major limitations. The study did not differentiate between the different functional abdominal pain syndromes. Participants fulfilling the Rome III criteria for IBS were not systematically examined for underlying pathophysiology of IBS-like symptoms. To what extent the altered physiology or other aspects of the surgical procedure itself contributed to the increase in bowel symptoms could not be answered by this study. In particular, evaluation of small intestinal bacterial overgrowth would be relevant in the evaluation of symptoms. Reporting on the use of medication at follow-up may have added information relevant for interpretation of our findings, particularly medications affecting gastrointestinal function. A control group consisting of patients undergoing other abdominal surgery could add information relevant to the interpretation of our findings.”

Regarding IBS-subtype information, I find the added information interesting and clinically relevant. Were the increases in all subgroups statistically significant? I would suggest adding this information to the manuscript.

Author’s response

Information concerning subtyping of IBS is added to Table 1, p 24 of the revised version of the manuscript.

Cesare Cremon (Reviewer 2): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format. Please overwrite this text when adding your comments to the authors.
Thank you for this revision. My previous concerns have been addressed adequately.

Author’s response

We are pleased to hear the reviewer finds his/her concerns addressed adequately.