Reviewer’s report

Title: The role of the laparoscopic approach in the surgical management of acute adhesive small bowel obstruction

Version: 0 Date: 25 Mar 2018

Reviewer: Panu Mentula

Reviewer's report:

The manuscript is a retrospective analysis of laparoscopic approach in the management of acute adhesive small bowel obstruction. The topic is important and the number of patients included in the analysis are adequate. The findings in the study lack novelty and due to retrospective nature it suffers selection bias, which may affect results. Otherwise the paper is well written: results are clearly presented and discussed. There are no major issues to be concerned.

Minor issues:

Title is very interesting, but unfortunately, the paper is not able to answer the question presented in the title, therefore authors should consider new title for the manuscript.

Abstract: Abstract is self-explanatory and main results are clearly presented. I would recommend to omit reporting of poor quality outcomes (PQO) in the abstract, because the term is not standard and requires explanation.

Methods: Direct comparison of the two groups may lead to false interpretations due to selection bias. This is somehow compensated by doing multivariate analysis and by subgroup analysis in patients with single band adhesion without intestinal resection. Was surgeons experience in open surgery registered? Were there any surgeons in training performing these operations?

Results: Although the rate of severe complications was low in the laparoscopic group, it would be informative to show reasons for and findings of reoperations and mortality in the both groups. Were there any missed bowel injuries in these patients? Did any of patients requiring reoperation die? Please show this data on tables 2 and 4. According to data on tables 2 and 4, 31 patients in the laparoscopy group did not have single band adhesion or internal hernia without intestinal resection. Reoperation rate in these patients was 4 out of 31 (12.9%). Correspondingly, in the open surgery group the respective numbers were 11 out of 128 (8.6%). Also, in these patients there does not seem to be significant difference in complication rate 21 out of 31 (68%) and 93 out of 128 (73%). Also, numbers of PQO are significantly higher 9 out of 31 (29%) and 56 out of 128 (44%) . According to these numbers it seems
that the benefits of laparoscopy in ASBO may be limited to patients with single band adhesion or internal hernia without intestinal resection. These comparisons should also be included in the results, and discussed in the discussion. Did Laparoscopy experience affect conversion, reoperation or complication rate among patients with laparoscopic approach? Comparison with adequate statistical testing should be presented, because in the end of the discussion it is stated "when performed by surgeons skilled in advanced laparoscopic surgery"

Discussion: Discussion is too long. Some of the results are shown in the discussion for the first time. This data such as details of patients who died, reasons for conversion and comparison of converted patients vs. non-converted should be presented in the results only. Because laparoscopy is feasible only in minority of patients with ASBO, the selection of right patients for laparoscopy is the most important issue like authors state in the end of the conclusions in the abstract. In the discussion patient selection must be discussed and how this selection should be done.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable
**Declaration of competing interests**

Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license ([http://creativecommons.org/licenses/by/4.0/](http://creativecommons.org/licenses/by/4.0/)). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal