Reviewer’s report

Title: Early Outcome of Frey’s Procedure for Chronic Pancreatitis: Nepalese Tertiary Center Experience

Version: 0 Date: 04 Jul 2019

Reviewer: Mathias Worni

Reviewer's report:

I appreciate the opportunity to review this article. I congratulate the authors of putting their data together to show the medical community the Nepalese experience in surgically treating patients with chronic pancreatitis. However, the manuscript needs extensive language polishing. Some additional points below:

Major points:
- Median f/u of only 17 months does not really allow to talk about long-term outcomes - I would motivate the researchers to f/u those patients further to get a real long-term f/u after a median of 5 years
- Results: please omit description of tropical pancreatitis in the results section - this is discussion or maybe consider adding a couple of sentences to the intro
- Please describe how many patients underwent which other kind of operation (PD, Beger,...) and why they were not considered to be suitable for a Frey procedure.
- Results: the presentation of the results for the postop pain score is insufficient - it remains unclear when it was measured (e.g. mean postop VAS score) - were there multiple scores taken for each patient - could you draw a curve to show the development of the pain score over time? At one point you say that f/u was inconsistent for timing but here you say Izbicki score was performed "exactly" after 3 months - how was this assessed?
- Discussion: please start the first paragraph by a short summary of the main findings not with the differences in etiology of pancreatitis
- The authors are presenting Nepalese experience - it would be good to get more insight into the situation in Nepal and they should be put into perspective of other countries to increase generalizability.

Minor points:
- Introduction: last sentence - please add what gastroenterologists advocate for and why they try to delay surgery to complete the thought
- Methods: do you choose patients after interdisciplinary discussions between gastroenterologists and surgeons? How many endoscopies are tolerated before surgical treatment is discussed? What was the treatment of endoscopists if only one patient underwent an ERCP with stenting?
- Methods: why was stool elastase not checked to assess exocrine pancreatic function - did this change
after surgery or were the two with insufficiency before the same as afterwards?
- results: how was pseudocyst drainage being performed - by surgery, endoscopy or ct/ultrasound guided?
- one patient died with likely liver cirrhosis - how do you handle such patients and when do you still perform surgery given high risks for complications
- values need units (eg. amylase in the drain)

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.

No

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

No

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:

Not suitable for publication unless extensively edited

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