

Review Form 1.7

Journal Name:	Journal of Advances in Medicine and Medical Research
Manuscript Number:	Ms_JAMMR_108931
Title of the Manuscript:	2-YEAR OUTCOME OF LAPAROSCOPIC SLEEVE GASTRECTOMY IN OBESE PATIENTS IN A GOVERNMENT HOSPITAL WITH REVIEW OF LITERATURE
Type of the Article	Original Research Article

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><u>Compulsory</u> REVISION comments</p> <ol style="list-style-type: none"> 1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript) 2. Is the title of the article suitable? (If not please suggest an alternative title) 3. Is the abstract of the article comprehensive? 4. Are subsections and structure of the manuscript appropriate? 5. Do you think the manuscript is scientifically correct? 6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>The obesity epidemic continues and safer, more effective therapies for individuals with medically-complicated obesity are very important.</p> <p>The title is appropriate except the review of the literature does not summarize results from the different continents.</p> <p>The abstract is comprehensive.</p> <p>The Introduction should introduce the relationships between obesity and the co-morbidities that are being evaluated in the authors' study.</p> <p>The references do not cover results obtained from different continents.</p>	
<p><u>Minor</u> REVISION comments</p> <ol style="list-style-type: none"> 1. Is language/English quality of the article suitable for scholarly communications? 	<p>The language quality is appropriate.</p>	
<p><u>Optional/General</u> comments</p>	<ol style="list-style-type: none"> 1. The authors do not mention that the size of the calibrating tube (40 French) may lead to a lower complication risk but a higher risk of lower weight loss. 2. It is not clear what percentage of individuals with a BMI > 34.9 kg/m2 have a medically significant co-morbid disorder (e.g. obstructive sleep apnea, osteoarthritis, type 2 diabetes mellitus, etc.). 3. In Table 3, the authors' use the term Incidence when meaning Prevalence. 4. As shown in Table 2, the poor compliance for follow up at 12 months and 24 months makes it difficult to assess the importance of weight loss in the remaining subset of patients. 5. In their discussion, the authors' have no section describing the weaknesses of their study and certainly the point made in 4. Above is a weakness. 6. In their discussion, the authors use the term "morbid obesity" to refer to their 50 patients, and this is not an appropriate use of this term based on the large percentage of patients with BMI < 35.0 kg/m2. 7. In their discussion the authors discuss weight regain, and it should be referred to as regain not gain. 8. In Table 5, did the authors perform upper endoscopies on their patients to exclude Marginal Ulcers and Stricture/Stenosis? 	

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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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