

Review Form 1.7

Journal Name:	Asian Journal of Research in Surgery
Manuscript Number:	Ms_AJRS_107391
Title of the Manuscript:	COMPLICATION OF A CONCOMITANT CURE OF A HIATAL HERNIA AT THE TIME OF SLEEVE GASTRECTOMY: A CASE REPORT
Type of the Article	Case study

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>Compulsory REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p><u>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</u></p>	<p>Yes. Concomittant hiatal hernia repair with sleeve gastrectomy is becoming more common. It is important to know the incidence of hiatal hernia, and to do the repair carefully, to prevent post-op GERD and also avoid any pitfalls in the technique, to prevent such complications and a re-operation</p> <p>Yes</p> <p>Its fine</p> <p>Its fine</p> <p>Yes</p> <p>Its fine</p> <p>It is important to describe and depict by diagram, how the sutures were placed; whether gastric calibration tube was used to ensure that narrowing or angulation was avoided and why vicryl sutures were used, instead of the usual practice of non-absorbable sutures.</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	Language and sentence construction needs minor corrections	
<p>Optional/General comments</p>	Important to emphasise that hiatal repair can be done posteriorly or even anteriorly, to prevent angulation and narrowing, while retaining 36-38Fr calibration tube in place	

PART 2:

	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)
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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