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LETTER TO EDITOR/LED REPLY

Reply to Letter to the Editor: One Anastomosis Gastric Bypass (OAGB) with a 150-cm Biliopancreatic Limb (BPL) Versus a 200-cm BPL: a Systematic Review and Meta-Analysis

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Dear Editor,
We were greatly interested to receive the letter concerning our published article "One Anastomosis Gastric Bypass (OAGB) with a 150 cm Biliopancreatic Limb (BPL) Versus a 200 cm BPL: a Systematic Review and Meta-Analysis." We would like to thank the reviewers for their appreciated suggestions.

Reply

Many thanks, Sirs, for the efforts made to review our recently published article titled "One Anastomosis Gastric Bypass (OAGB) with a 150 cm Biliopancreatic Limb (BPL) Versus a 200 cm BPL: a Systematic Review and Meta-Analysis" in the Obesity Surgery Journal. We greatly value and appreciate learning from your expertise. We openly take notice of your points.

Regarding the noticed heterogeneity, which was indicated by an I^2 value of 79%, we would like to clarify that we were aware of this heterogeneity, and thus we used the random-effects model in the analysis of the weight loss outcome. This model accounts for the potential variability among the included studies. It is well established to provide a more conservative effect estimate and to account for the suspected variabilities and diversity in study populations and any other unexpected confounding factors; thus, it helps to provide the generalizability of the obtained findings.

However, we believe that your added statistical analysis was valuable and constructive in addressing the potential sources of variability. Your results undoubtedly contributed to the potentiation of the quality and validity of our work and were crucial for understanding the broader implications of our findings.

As for your findings suggesting that the positive outcome associated with the 200-cm BPL length remained largely unaffected by baseline BMI (coefficient: 0.497, $p = 0.109$) are indeed interesting. This outcome implies that, at least within the studies we included, the variability in baseline BMI did not have a significant confounding effect on our main findings, which adds reliability to our findings.

Concerning the gender effect, your observation on the potential gender-based differences, specifically among females, in weight loss outcomes is noteworthy. Indeed, a higher prevalence of females was consistently reported by the bariatric surgery documentation work. This is likely attributed to factors such as a higher obesity rate among females and their greater propensity to seek medical intervention for weight management. Your findings underscore the significance of considering these factors when interpreting and contextualizing the outcomes of studies involving bariatric surgery.

Further studies are needed to elaborate on the potential effect of sex differences on the weight loss outcome after bariatric surgery.

Finally, we emphasize our appreciation for your valuable contribution to the ongoing work.

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