Review of: "Impact of Telemedicine on Post-Bariatric Surgery Outcomes and Patient Satisfaction During the COVID-19 Pandemic: A Retrospective Observational Study"

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Potential competing interests: No potential competing interests to declare.

Reviewer Evaluation and Comment

The Role of Telemedicine in Post-Bariatric Surgery Follow-Up During the COVID-19 Pandemic: Impact on Outcomes and Patient Satisfaction

Overall Assessment:
The manuscript provides timely and relevant insights into the use of telemedicine for bariatric surgery follow-up, addressing an area of significant interest due to the shift towards e-health solutions during and beyond the COVID-19 pandemic. The study is well-conceived, focusing on the critical aspects of surgical safety, weight loss outcomes, comorbidity improvement, and patient satisfaction with telemedicine. Overall, the paper offers meaningful contributions to the literature on telemedicine's role in bariatric aftercare, with a practical perspective on its potential as a reliable and accessible alternative for long-term follow-up.

Strengths of the Manuscript:

1. Timeliness and Relevance: The study’s focus on telemedicine for bariatric follow-up during the COVID-19 pandemic is highly relevant given the broader healthcare shift towards virtual care solutions. This topic holds significant interest for healthcare providers and policymakers considering sustainable telemedicine options post-pandemic.

2. Outcome Measures: The study effectively examines critical variables such as weight loss, reversal of comorbidities, and patient satisfaction, all of which are essential indicators of success in bariatric care. The inclusion of safety outcomes enhances the rigor and value of the study’s findings.

3. Patient-Centered Approach: The focus on patient satisfaction is a notable strength, as it offers insight into the acceptability of telemedicine from the patient perspective, an often-overlooked factor in e-health studies. This adds practical value to the findings and informs clinical decision-making around telemedicine adoption.

Areas for Improvement:

1. Study Design and Sample Limitations:
The study employs a retrospective observational design, which limits the ability to establish causality. The manuscript

would benefit from a brief discussion on how this design impacts the interpretation of results and might also acknowledge potential biases related to retrospective data collection. Moreover, it would be useful to provide more detailed information about the sample size, demographics, and selection criteria to help readers understand the study's generalizability.

2. Data on Telemedicine Modality:

The manuscript lacks details on the specific telemedicine modalities used (e.g., video consultation, phone calls, online portals). Including information on the mode of telemedicine used and the frequency of follow-up visits would provide a clearer picture of the patient experience and could be beneficial for replicability and further research.

3. Statistical Analysis:

The manuscript would benefit from a more detailed explanation of the statistical methods used to assess the results, particularly in areas such as satisfaction and safety outcomes. The inclusion of statistical significance or confidence intervals for the observed outcomes (e.g., weight loss, comorbidity reversal) would strengthen the reliability and interpretation of the findings.

4. Discussion of Limitations and Future Research:

While the study suggests that telemedicine is a feasible alternative for bariatric follow-up, there is limited discussion on the potential limitations of telemedicine in this context, such as patient accessibility issues, potential technical challenges, and the absence of a physical examination. Addressing these limitations and recommending areas for future research (e.g., prospective studies or randomized trials) would add balance and depth to the paper.

5. Conclusion and Practical Implications:

While the conclusions are well-stated, further elaboration on the practical implications of these findings for clinicians and healthcare systems would increase the paper's impact. For example, the authors could suggest how telemedicine could be integrated into routine bariatric care or how it could benefit patients in rural or underserved areas.

Recommendation:

With revisions to address the areas outlined above, this manuscript would be suitable for publication. The study contributes valuable information on telemedicine's role in bariatric aftercare and aligns with current healthcare trends, making it a relevant addition to the journal's focus on healthcare innovation and patient-centered care.

Recommendation: Minor revisions required.