

Supplementary Table 6. Summary of evidence for endoscopic treatment of buried bumper syndrome

Study	Year	Country	Study period	Study design	No. of participants	Comparison	Main outcome
Casper and Lammert ⁸³	2018	Germany	2000–2015	Retrospective and prospective cohort	Retrospective 25, prospective 4	N/A	Patients with partial buried bumper syndrome were effectively treated by endoscopy in both cohorts (24/25 and 4/4 patients respectively). For complete buried bumper syndrome (Cyrany grade 3) success rates of endoscopic therapy differed significantly between the cohorts ($p=0.017$)
Mueller-Gerbes et al. ⁸⁴	2017	Germany	2002–2013	Retrospective cohort	82	Bougie, grasp, needle-knife, papillotome	No AEs were observed in 70 patients (85.4%). Bleeding occurred in seven patients (31.8%) after cutting with a needle-knife papillotome and in one patient (8.3%) after grasping. No bleeding was recorded after using a standard papillotome or a bougie ($p<0.05$). Ten of 22 patients (45.5%) treated with the needle-knife had a serious AE and one patient died (4.5%).
El et al. ⁸⁰	2011	Belgium	2002–2009	Retrospective cohort	879	N/A	Only eight patients (8/879, 0.9%) developed BBS. Five patients underwent successful treatment with Cruciform mucosal incisions with needle-knife. No complications were observed
Dowman	2015	UK	2009–2013	Retrospective	58	Corflo vs. Freka PEG tube	Increased risk of buried bumper syndrome with Freka PEG tubes when compared to Corflo PEG tubes.

N/A, not applicable; AE, adverse event; PEG, percutaneous endoscopic gastrostomy.