



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_39624
Title of the Manuscript:	Complications of Phacoemulsification and Extracapsular Cataract Extraction Surgery in Eyes with Pseudoexfoliation Syndrome.
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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)
Compulsory REVISION comments	The rate of complications is high in both groups which is somewhat odd and adding miosis as one of the complications that makes it higher. Also there is no mention of the level of the skill of the surgeon which might have affected the way of dealing with complications and might be the cause of their increased percentage. Using the terms of immature or mature instead of the LOC III system is odd. There is no mention of the degree of subluxation (how many hours of dialysis) in cases and whether this affected the choice of surgery and whether CTR was used or not. The IOP was it increased more in cases of PCR? If miosis occurred in that many cases in each group , why was dilatation method used in only 16 eyes?	Thank you for your contribution to the study. You can find the changes with yellow letters in the text and the responses are below. We inserted the "Surgical experience is also known to potentially influence results with either surgical technique " sentence into the conclusion section of the article to indicate that the surgeon's experience could influence the results with either technique. We provided the relevant information with the “ Patients with more than 6 clock hours of zonular dialysis were directly included in the ECCE group while a capsular tension ring (CTR) was placed intraoperatively for patients with up to 6 clock hours of zonular dialysis. ” sentences in the methods section. We also mentioned the number of patients who received a CTR and the stages in the results section. We mentioned the higher IOP increase in our patients with PCR or vitreous loss with " Eight of these cases had PCR+vitreous loss (2 in the PE group and 6 in the ECCE group)" in the discussion section. We specified that we first used undiluted adrenaline in our cases with miosis and then used the other methods (specified in Table 3) if it was inadequate. We therefore used the pupillary dilatation techniques in Table 3 in 16 of our 32 miosis cases. We also added “ *These methods have been used to dilate the pupil when intracameral administration of diluted adrenaline could not provide adequate pupil dilatation for surgery” under Table 3. The sentence in the discussion was rewritten for clarification as “ Sphincterotomy, full-thickness iridotomy and iris hooks were used to ensure adequate pupil dilatation when intracameral administration of diluted adrenaline was not



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		sufficient”.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		