



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_39882
Title of the Manuscript:	Revised Technique of Four - Point Scleral Fixated Intraocular Lens: Visual Outcome and Complications
Type of the Article	Short Research Article

General guideline for Peer Review process:

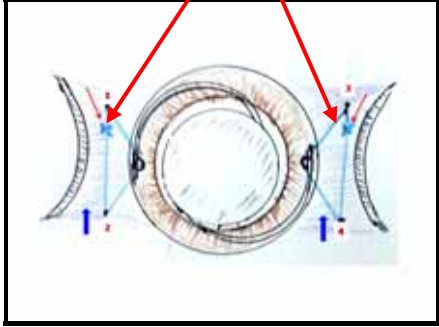
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(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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 abstract needs rewriting as it lacks consistency. - In patients and methods section: on describing the technique of introducing the prolene suture from one side to another there was no mention that u receives it on the other side on a different hour. Only when looking at the graph that the idea became clear. Also there was no explanation why the authors thought this technique was better than the previous one.	. The abstract is re-written. - It is described as, "A 10° bent tip 26 gauge hollow needle passed from one edge of 9 clock hour scleral tunnel, placed perpendicular to the sclera wall and then parallel to the iris until the tip appeared in the pupillary plane. A 10-0 polypropylene suture on the straight needle was introduced from the edge of the opposite 3 clocks hour scleral tunnel to the posterior chamber, meeting the 26 gauge needle in the pupillary area. 10/0 prolene suture needle was engaged in the lumen of 26 gauge needle and the needle was carefully withdrawn. Consequently, the strand of 10/0 prolene suture was spanning just posterior to iris plane from 3 to 9 clock hours. Similar procedure was repeated from the other side of the tunnels from 9 clock hour to 3 clock hour resulting in two strands of 10-0 prolene suture spanning behind the iris plane." As the 26 gauge needle, engaging the prolene suture needle in its lumen, is withdrawn out; the prolene suture would come out on the opposite clock hour. When this is repeated in the opposite direction, at same clock hours, two strands of the prolene suture are left spanning behind the iris plane. This technique is better because (i) the IOL is fixated at 4 points on the sclera wall; this prevents lens tilt and astigmatism, (ii) the suture knot is buried within the sclera tunnel and this prevents its exposure.  It is specified now – peribulbar anaesthesia. It is changed to logMAR units Elevation of intraocular pressure for any reason is termed Ocular hypertension. Glaucoma is characterised by progressive damage to the optic nerves leading to loss of vision if left untreated. We have clearly written that the IOP levels came back to normal with medications and none of the patients developed chronic glaucoma. The incidence of early postoperative IOP increase is reported to be 2.3–8.9% in all cataract extractions. This IOP increase has been reported to be related to anterior chamber inflammation and prostaglandin release, type of surgical procedure performed, and residual



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	Remove the parenthesis from In a study on “Comparison of sutured versus sutureless scleral-fixated intraocular lenses”, in the first paragraph of discussion.	viscoelastic material. The high rate of increased IOP in our cases may be due to higher rates of inflammation in complicated cataract surgery and residual viscoelastic due to entry into vitreous cavity. Removed the parenthesis.
Minor REVISION comments		
Optional/General comments		