Dear Sir,

I have looked at the comments of both reviewers. One of them has not asked for any clarifications and has recommended the paper be accepted without revisions.

The other reviewer has mentioned three issues which have been addressed as follows.

Here is a point by point explanation of the reviewers comments:

1) We have now changed the concerned paragraph in the discussion. It now reads as follows "Our survey also demonstrates a wide variation in the timing of the first IOP check. Only 10.9 % of our responders check IOP on the day of surgery. These patients do not visit the hospital on the first postoperative day, which is very convenient for them, and for overall majority of patients, visual outcome is not compromised when routine next day review is omitted after phacoemulsification surgery [19, 20].

This reflects the relatively low frequency of severe IOP elevation one day postoperatively, the self limiting nature of IOP spikes and the tolerance of a healthy eye."

2) We have changed the words in the concerned paragraph in the discussion. We have included the word "unproven" as suggested by the reviewer. The sentence now reads as follows: "There may be fluctuations in the IOP levels, and a statistically significant difference between the two groups, but whether this actually results in a change in the incidence of an adverse event related to IOP rise is unproven."

3) We have noted the reviewers comments about the proportion of surgeons who do not routinely prescribe IOP lowering agents, and who did not give a reason for the basis of their practice. We have mentioned this in the Results section. "A total of 316 surgeons did not prescribe IOP lowering agent routinely. Of these, 209 surgeons (66.1%) chose not to reply when asked about the basis of their practice. Of the 107, who chose to reply, 42 (39.2%) said their practice was based on evidence, 74 (69.1%) said their practice was based on personal experience, and 22 (20.5%) on unit policy."

We have also added the following sentence at the end of the discussion section highlighting this: "Another point of this study that we would like to highlight is that a high proportion of surgeons not prescribing routine IOP prophylaxis chose not to give a reason for the basis of their practice."

Thank you for the opportunity to make the above clarifications.

Yours sincerely,

Usha Zamvar