Author’s response to reviews

Title: The use of a pre-operative scoring system for the prediction of phacoemulsification case difficulty and the selection of appropriate cases to be performed by trainees

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Dear Editor

thank you for the time and trouble taken over our paper. Please find our replies to reviewers below.

Response to reviewers:

Dany Najjar

We have previously (as mentioned in the paper) devised and published a scoring system that is predictive of the likelihood of complications. However many cases are difficult, but in experienced hands are not complicated. In less experienced hands they may be complicated i.e. should be avoided by trainees. Our study aimed to assess if our scoring system could be used to predict difficulty rather than chance of complications and therefore allow the trainer to avoid allocating these to a trainee.

It is a subtle but important distinction between the risk of complications (which are indeed measurable) and degree of difficulty which is harder to calculate. Our findings suggest that a trainer can calculate (if they wish) the likelihood the operation will be difficult and so allocate appropriately.

Michael Clarke

We agree that the methods section does not make the post-operative completion of the scoring sufficiently clear and we have added a further sentence in the methods to make this more obvious.

We agree about the exclusion of the complicated cases from the study. When devising this study we thought long and hard about this and decided in the end that no matter how ‘easy’ or ‘difficult’ these operations had been the operating surgeon would be likely to grade them as difficult. It seemed unlikely to us that a surgeon would admit to an operation being ‘easy’ but they had still sustained a complication. The fact that we found a positive result despite excluding these cases is interesting as if we had included them it is likely the association would have been stronger.

The perceived difficulty is indeed a very subjective estimate and our study aimed to reduce this subjectivity which using our scoring system we seem to have done. Truly objective measures i.e. the complications actually sustained occur, by definition, when it is too late.

We agree that case number is a poor indicator of competence however as a simple measure in this study we thought it useful. Further it is often used by trainers and regulators as a ‘measure’ of competence.

Ivan Goldberg

1. The patient scoring was done by two of the authors we have added this - thank-you.
2. We have previously verified this system in a paper referenced in our MS
3. The 170 cases were consecutive (complicated cases were excluded as discussed above).
4. That is correct there was no need to exclude preoperatively.
5. As discussed above we knew it would weaken the conclusions but felt that the objectivity lost by the surgeon in these cases made the question almost invalid.
6. We agree but this would require very large numbers to show an effect. Such a study would be very worthwhile but beyond our present capabilities.