**Author's response to reviews**

**Title:** Modified technique for transscleral fixation of posterior chamber intraocular lenses

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**Author's response to reviews:** see over
Dear Editors and reviewers,

Thank you for providing an opportunity to revise our manuscript. Below please find our one-to-one reply to the review comments. Should you have any further comments, please let me know.

Looking forward to hearing from you again.

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Reviewer: Amanda Rey

1) Suture exposure is one of the main complications in transscleral fixated posterior chamber intraocular lens. Solomon et al (Solomon K, Gussler JR, Gussler C, et al. “Incidence and management of complications of transsclerally sutured posterior chamber intraocular lenses” J Cataract Refract Surg 1993; 19: 488-93) reported an average time of suture erosion through the sclera of 9.4 months, and conjunctival erosions by suture knots of 12 months. For instance, when we are evaluating this complication we should consider a minimum follow-up time of 9-12 months, and in your series the minimum follow-up time was 3 months (line 25: range of 3-67 months). I consider that it should be specified how many patients have a follow-up superior than 1 year.

Reply: There are 37 patients have a follow-up superior than one year. We have added the data in the result part of manuscript, and also in table 1.

2) It is interesting leaving the polypropylene suture ends long so that they lay flatter on the globe, thus avoiding exposure. But if the scleral pockets measure 3mm × 4mm, the suture ends should be left less than 4 mm to laid flat into the prepared scleral pockets. In your series the suture ends was left longer (4 mm). Is it totally covered by the scleral pocket?

Reply: In practice, we found that there was no problem to cover the suture ends totally by the scleral pocket, probably because that: the suture ends does not necessarily kept straight under the sclera pocket; the line distance between the suture knot and the posterior corner of the pocket is a little bit longer than or around 4 mm. We have added the discussion about this.

3) The most appropriate IOL for these cases is not the AR40e as it is not specifically designed for these kind of surgeries. Alcon CZ70BD or Type 67G Morcher have a larger optic, longer haptics and with eyelets in the haptics for secure suturing. Why did you use AR40e IOL?
Reply: In the initial cases, we used Alcon CZ70BD IOL. It is the appropriate IOL for transscleral fixation. But limitation also remains: it needs a much bigger incision for the IOL entering anterior chamber. It is known that bigger incision is associated with more chance of low intraocular pressure, intraoperative choroidal hemorrhage, and post-operative corneal astigmatism. We used foldable IOL AR40e in some cases for the following reasons: it needs a much smaller incision, and a small incision is associated with better intraocular pressure control, and less chance of choroidal hemorrhage; the haptics are long enough for suture fixation; we modified the end of AR40e IOL haptics by cauterizing shortly to avoid slippage. We have added the discussion in manuscript.

4) This paper is reasonably well presented, correct this grammatical error. Line 141: the “heptic fixation” instead of haptic fixation.
Reply: We have revised the error.

5) In line 64 it remarks that posterior capsule was totally compromised in all of the cases. It should be added that the anterior capsule was also compromised. If the anterior capsule was not compromised a three piece IOL could be placed in the sulcus.
Reply: We have added the description as suggested.

**Reviewer:** asaad ghanem

**Reviewer's report:**
1. Please clarify the inclusion criteria in details.
   Reply: We have added inclusion criteria in Method section as suggested.
   The inclusion criteria: total lens capsule absence in post-traumatic eyes; the minimal time between the primary surgery (pars plana vitrectomy or wound closure) and the PCIOL implantation was 3 months; the retina of the aphakic eye remained attached; no active inflammation was found in the aphakic eyes.

2. Please consider the wide range of follow up as a limitation for this study in the conclusion section.
   Reply: We agree that the wide range of follow up is a limitation in this study. We have added the description in conclusion section, and discussion section.

3. Please add tables in the result section.
   Reply: We placed the information of included eyes in table 1, and post-operative complications in table 2. It is a good suggestion to make easy reading.

4. The discussion is insufficient.
   We added discussion. Please see the revised manuscript. Thanks.