Reviewer's report

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

Version: 3 Date: 24 June 2015

Reviewer: Amanda Rey

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Minor Essential Revisions:
First of all I would like to congratulate you for this excellent paper. I think it is a very interesting topic and improving our surgical technique and results in these always complicated cases are advisable. The study has a reasonable and acceptable number of cases; however I would like you to consider a few suggestions:

1) Suture exposure is one of the main complications in transscleral fixed 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.

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?

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?

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

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.

Overall, this manuscript is well-written and makes several contributions
to the literature on this subject. In my opinion, the paper is suitable for publication.

Reviewer: Amanda Rey, Institut Catala de Retina, Barcelona, Spain

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests