Author's response to reviews

Title: Capture of Intraocular Lens Optic by Residual Capsular Opening in Secondary Implantation: Long-term follow-up

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Reviewer 1: 1, Since this is a retrospective study and the mean follow-up time was 24.51 months, why the authors stated the SE change at 6 months postop.? Maybe it is the last follow-up time.

Reply: In the current study, the follow-up time ranged from 6 months to 46 months which can be found in Table 1. The reasons for obtaining SE at 6 months postop. are because the position of intraocular lens and the status of anterior segment tend to be stable. The relative amendments have been made to the revised manuscript and can be found in "Method" section, line 78-80, page 4).

2, The manuscript needs comprehensive language editing. For example: Line 327-328: "The ideal size of capsular opening is around 4.0mm to 5.0mm, which should be at least 1.0mm or 2.0mm (white arrows) smaller than the optic diameter but not too small".

Reply: Thanks for your good suggestion. The manuscript has been edited again by a professor who is fluent in English. "IOL position" was changed to " and IOL position" (Line 28, page 2). "was" was changed to "were" (Line 30, page 2). "to achieve IOL stability" was changed to "can achieve IOL stability in the long follow-up" (Line 39, page 2). "mentioned" was changed to "mentioned above" (Line 51, page 3). "was" was changed to "were" (Line 87, page 5). "of all eyes" was deleted (Line 89, page 5) "significant" was deleted (Line 109, page 6) "considered" was changed to "considered as" (Line 109, page 6). "including three types" was deleted (Line 112, page 6). "clinically centered IOL" and "no secondary opacification of the visual axis" was
switched (Line 130, page 7). "from" was deleted (Line 147, page 7). "including" was changed to "include" (Line 156, page 8). "but not too small" was deleted (Line 328, page 13).

Reviewer 2

The author described a novel method for the secondary intraocular lens implantation, however i thought the control group should be added, this new method seems more difficult than traditional ways and it need more surgical technique, i was concern that how do you ensure that the posterior capsular hole in all cases are same size. Besides did all patients receive the same lens?

Reply: Thanks for your great questions. First, the novel technique described in the current study was mainly used in cases with complicated capsular status, including large area of posterior capsular opacity, severe synechia of anterior and posterior capsules, and posterior capsular tear or rupture with inadequate support of capsular bag. Under these conditions, few techniques can be chosen. Based on our own clinical experiences, dislocation or pupillary capture may occur frequently in ciliary sulcus inserted IOL in cases with not enough capsular support. (Line 139-144, page 7) Taken it into consideration, it will be not wise and ethical to make ciliary sulcus fixation as the control group. Besides, in the "Discussion" section, we have compared the long follow-up results of our novel technique to the transscleral fixation that have been reported. (Line 144-153, page 7-8) Thus, it will be great to add a control group when we come up an optimal technique in the future. Second, our novel technique is, in fact, simple for most of surgeons. As stated in the manuscript, what the surgeon need to do is to insert the two haptics into the sulcus and capture the optic through the residual capsular opening after managing capsules properly. Third, the sizes of residual capsular opening of the patients are not exact same. It only needs to capture the optic of IOL as described in the "Surgical technique" part. (Line 101-102, page 5). Fourth, the implanted IOL is AMO (Tecnis ZA9003; AMO, Santa Ana, CA) in all patients in the current study. (Line 98, page 5).