Author’s response to reviews

Title: Consecutive drilling combined with phaco chop for full thickness segmentation of very hard nucleus in coaxial microincisional cataract surgery

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Author’s response to reviews:

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Amy Branch-Hollis
BMC Ophthalmology Editorial Office, princess.quitalan@biomedcentral.com

MS: BOPH-D-18-00592R1

Title: Consecutive drilling combined with phaco chop for full thickness segmentation of very hard nucleus in coaxial microincisional cataract surgery

Dear Editor,

My colleagues and I appreciate your insightful and constructive comments on our manuscript entitled "Consecutive drilling combined with phaco chop for full thickness segmentation of very hard nucleus in coaxial microincisional cataract surgery" (BOPH-D-18-00592R1). We have taken all comments seriously, and made revisions accordingly. We could not thank you and reviewers enough for precious comments that made our paper much improved. We hope that this revised manuscript is now acceptable for publication in BMC Ophthalmology.

Sincerely yours,

Fan Lu, MD, OD
Professor
RESPONSES TO EDITORIAL AND REVIEWERS’ COMMENTS

Comments 1: Please format your abstract according to our submission guidelines, which can be found here: https://bmcophthalmol.biomedcentral.com/submission-guidelines/preparing-your-manuscript/technical-advance-article

The Abstract should not exceed 350 words. Please minimize the use of abbreviations and do not cite references in the abstract. The abstract must include the following separate sections:

Background: the context and purpose of the study

Methods: how the study was performed and statistical tests used

Results: the main findings

Conclusions: brief summary and potential implications.

Author Response:

We appreciate your favorable review and constructive comments. We have re-format our abstract according to our submission guidelines (page 2-3, Abstract, 275 words). We also put the Abstract as follows for your convenience.

Abstract

Background: The complete disassembly of nuclear is the most challenging step in hard cataract surgery through microincision. The classic phaco chop technique often does not succeed, resulting in incomplete nuclear segmentation. The authors describe a technique to improve the control and safety of the initial chopping.

Methods: The consecutive drilling combined with phaco chop technique was devised for very hard cataract. 3-4 holes are consecutively drilled into the endonucleus with the phaco tip bevel down, at an angle of approximate 60 degrees and depth of approximately two-thirds of the lens thickness. The initial drilling approaches the capsulorhexis edge and the last drilling approaches the lens geometric center. The nucleus is deeply impaled with the last drilling and firmly engaged with high vacuum, and then chopped with chopper from the lens equator. As the cleavage plane is created, the chopper and phaco tip are spread apart laterally, propagating a complete division across the entire nucleus. This technique has been adopted in 80 eyes of 65 patients with cataract harder than nuclear opalescence 5 on the Lens Opacities Classification System III scale or hard cataract with white cortex in the past 12 months.

Results: In all cases, full thickness segmentation of the hard nuclear including the posterior plate was achieved in coaxial microincisional surgery. No intraoperative complication such as posterior capsule rupture or zonulysis occurred during surgery, and no postoperative
complication such as fibrin formation, severe endothelial cell loss, or endophthalmitis was observed in any patient at 6 months postoperatively.

Conclusions: The technique is an efficient, safe, simple, and swift procedure for full-thickness nuclear segmentation, delivering advantage of microincisional phacoemulsification for hard cataract with few ocular complications.

Comments 2: Thank you for clarifying that you obtained consent for publication from the patients in your study. However, please can you clarify whether you also obtained consent to participate from the patients included in your study. Consent to participate refers to the patients consenting to receive the surgical procedure as part of your study.

Author Response:

Thank you for your favorable comment and kind reminding. We did obtain signed informed consent for participation in this study from each participant. We have added this to the Declarations, “We have obtained signed informed consent for participation in this study and consent to publish from each participant to report individual patient data.” (Declarations, page 16, paragraph 1, line 5-6)

We also have added this clarification to the Methods part: “All patients signed an informed consent for participation in this study.”(Patients, page 7, paragraph 2, line 5-6).

Comments 3: Please clarify whether the surgical technique used on the patients included in your study was selected as part of standard care, or to meet the aims of your study.

If the surgical technique was used to meet the aims of your study, your study will fall within the International Committee of Medical Journal Editors (ICMJE)’ definition of a clinical trial: any research study that prospectively assigns human subjects to one or more health related interventions to evaluate the effects on health or biological outcomes. As such, Biomed Central requires that a Trial Registration Number is provided in order for the manuscript to be published.

Although a TRN is usually required prior to the start of the peer-review process, the BMC-series journals does accept retrospectively registered trials. If you have not registered the trial, we therefore request that you do so as soon as possible so that your study can be accepted for publication. All trials must be registered with an ICMJE approved registry, as listed in the ICMJE guide: http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/

Once you know your trial registration number, please submit a revised version of your manuscript with the number and date of registration included in the abstract. The last section of the abstract should be Trial Registration: listing the trial registry and the unique identifying number, e.g. Trial registration: Current Controlled Trials ISRCTN73824458, as well as the date of registration. Please note that there should be no space between the letters and numbers of the
trial registration number. If registration took place after the first participant was enrolled, please state also “Retrospectively registered” at the end of this section

Author Response:

We appreciate your favorable review and constructive comments. We think that the surgical technique used on the patients included in our study was selected as part of standard care rather than a clinical trial. Phaco chop technique has been considered as part of the standard care in phacoemulsification to crack the nucleus. The surgical technique described in this paper is basically a minor modification to the classic phaco chop step to improve the efficacy of the initial full thickness segmentation of hard nucleus. We do not think it meets the definition of a clinical trial. So no TRN is needed.

Comments 4: In the section 'Funding', please also describe the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Author Response:

We appreciate your valuable comments. We have added the role of the funding body as “The funding offered support in the design of the study and collection, analysis, and interpretation of data.” (Declarations, page 16, paragraph 1, line 17-19).

Comments 5: Please combine the sections "Financial disclosure(s)" and "Competing interests" to create one section called "Competing interests".

Author Response:

We have combined the sections "Financial disclosure(s)" and "Competing interests" to one section "Competing interests" as follows.

Competing interests: There are no competing interests among all the authors. The authors have no proprietary or commercial interest in any materials discussed in this article. (Declarations, page 16, paragraph 1, line 13-15).

Comments 6: We note that the current submission contains some textual overlap with other previously published works, in particular:


And


This overlap can be found throughout the manuscript, but particularly in the Background (paragraph 1), Results and Discussion (paragraph 1)

While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work.

Please re-phrase these sections to minimize overlap.

Author Response:

Thank you for your careful review and constructive comments. We apologize for some textual overlap with other previously published works. We have carefully read and revised our manuscript to minimize the overlap text, especially in the sections as you mention above. Background (page 4, paragraph 1, line 2-10), Results (page 7, paragraph 1, line 13-17) and Discussion (page 7, paragraph 4, line 21-23; and page 8, paragraph 1, line 1-3)

Comments 7: At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

Author Response:

Thank you for your professional comment. We have uploaded the manuscript and relevant tables/figures/additional files as instructed.

This is the end of Author Response.

Thank you very much.

Happy new year and best wishes.

Fan Lu, MD, OD
Professor