Author’s response to reviews

Title: Combined phacoemulsification and viscocanalostomy with Ologen implant versus combined phacoemulsification and viscocanalostomy

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Author’s response to reviews:

Thanks Editor, Thanks reviewer for your effort to review this manuscript.

Reviewer 1

Comment:

Introduction

The introduction is poorly written and has many grammatical errors and poor sentence construction. Answer:

The manuscript was revised and approved by PRS proof-reading-service.com.

The certificate is attached.

Comment:

I would omit the first part of the introduction discussing what glaucoma is, and discuss NPGS directly, as well as the role of new synthetic material (e.g. Ologen) in such surgeries. Answer:

Done (P 1 line2)
Please subdivide your introduction in more than one paragraph

Answer:
Done

Comment:

P1 L 20-21: Is the use of Ologen as a spacer in trabeculectomy surgery superior to standard trabeculectomy? If so, this would build on the rationale of your studies hypothesis. Please rephrase the logical flow that made you reach your research problematic.

Answer:

Our hypothesis is that using Ologen® implant as a spacer in the subscleral reservoir in phaco-viscocanalostomy reduces fibrosis and increase the success rate of this operation.(P 1 line 21-23)

Comment:

P1 L 21-22: Has ologen been used in other NPGS surgeries? Is this the first study to look into its role in NPGS?

Answer:

The use of different types of collagen implants were described with NPG surgeries but the use Ologen, by name, in association with NPGS was described in few papers: Szurman et al, 2018, Elbably et al,2018 and Aptel et al,2018. This is the first study to use Ologen with viscocanalostomy.

Comment:

P2 L2: Omit MAY in your hypothesis. It should be a statement not a suggestion.

Answer:

Done. (P 1 line 21-23)

Comment:

Methods

P2 L21-22: Please elaborate on the DM and iris prolapse point. Please elaborate on what is meant by microperforations.

Answer:
Microperforation is defined as small perforation in the Descemet’s membrane or the anterior trabeculum occurring during dissection of the anterior part of the deep flap with no associated iris prolapse. (P2 line 21)

Comment:

Please subdivide your methods in more than one paragraph.

Answer: 

Done

Comment:

Did you classify glaucoma based on severity (mild, mod, severe) and did this play any role in selection of patients for the study? If not, glaucoma severity could be a confounding in your final results.

Answer:

We did not classify glaucoma according to severity because of few number of cases in each group, and dividing them will give smaller number in each subgroup which will not give valuable statistical analysis.

Comment:

Surgical technique

The paragraph includes both technique, and follow-up evaluations. (These should be Two separate sections).

Answer:

Done (P4 line 20)

Comment:

Rephrasing many sentences is required.

Answer:

Done

Comment:

A discussion on Ologen's physiological properties is misplaced in the Surgical technique section.

Answer:
Results

Results are clear but also need rephrasing in many sentences

Discussion:

The discussion is well made and tackles interesting points. However, it needs to include a discussion on the limitations of your study.

Answer:

Limitations of the study was added (P13 Line 18)

Conclusions

The conclusion does not evidently answer your research question: does Ologen improve the outcomes of viscocanalostomy. Please rephrase.

Answer:

Done (P13 Line 21)

Reviewer 2

Comment:

How long the Ologen material implanted under the scleral flap was maintained during the follow-up?  

Answer:

According to Cillino et al (2011) (Reference no. 1) and Johnson and Sarkisian (2014) (Ref 3), ologen degrades completely in 90 to 180 days. During this period we hypnotized that, during this period it maintains the space under scleral flap and prevents fibrosis leading to better results
The model number of Ologen should be stated in the method section.

Answer:
Done (P 4 Line 10)

Comment:
If the authors have any imaging data like AS-OCT or UBM, it should be clarified

Answer:
Done and attached as supplementary material

Comment:
As all the subjects were received cataract surgery, the masking effect on IOP decrease should be mentioned in discussion section.

Answer:
That’s absolutely right, but all patients had cataract extraction and we assumed the decrease in IOP due to cataract extraction will be similar in both groups

Reviewer 3
Comment:
Some cases required gonio-puncture for IOP control, whereas it is actually a substantial number, more than half in either group. That statement is misleading.

Answer:
Rephrased

Comment:
Also, mention that "although good success rate is achieved with visco-canalostomy especially with Olo group, goniopuncture is very commonly required' in conclusion.

Answer:
Done

comment:
There is no mention or photographic documentation of the blebs formed in each group. What was the author's experience with that?

Answer:

Done and attached as supplementary materials