

Letter to Editor

Dear Editor in Chief,

It is in reference to PJO Vol.33, Issue No.4 Oct to Dec 2017. Following are my observation regarding article "Comparison of Complication between Forceps and Injector delivery for Acrylic Multi piece IOL".

- Study does not justify this topic.
- Conclusion is also questionable since literature proves otherwise.
- Astigmatism & endothelium count is more important in this study.
- This topic requires to focus on power of IOL as well. Since 26 D lens is quite thicker than 14 D lens. There is no mention of dioptric power in this study.
- How 3.0 mm wound was enlarged to 4.00 mm.
- Descemet's membrane tear & corneal edema is not accounted for on first day on slit lamp examination.
- No mention of hydration or stitch to 4.00 mm wound.
- Limitations in study are not mentioned.
- The Acrys MA 60 AC was introduced in 2003 in Pakistan. But this study started in year 2002.
- In introduction section author told about advancement in cataract surgery while the references are of year 1999.
- Statement given (Cataract surgery during past decades) does not match with study quoted in reference 4.
- Reference 3&5 sequence not shown anywhere in the text.
- "Hydrophobic acrylic IOL with square edge design produces the least posterior capsular opacification" (8 & 9 reference). This is an irrelevant statement to the study topic with unmatched quoted references.
- Statement for reference no 6 & 7 do not match with the actual studies quoted.
- The rationale of the study described is actually the purpose of the study, hence rationale is not actually justified.
- In the material method. Study is approved by ethical board of which hospital?
- Author stated that all data was recorded in the electronic records of the patient. How Performa was designed electronically for individual patients.
- Was this a retrospective or prospective study? (15 years electronic recorded data).
- Student's "t" test with p value was applied (as per stated in material & method) for the statistical analysis. But in the result section, it was not mentioned anywhere.
- In the result average age was stated, which is actually the mean age with standard deviation.
- Does this enlargement of incision up to 4.00 mm caused any astigmatism? As author agreed in discussion that enlargement of incision badly effect the amount of post-operative astigmatism.
- Percentages were shown in the text only, not in tables.
- In table 1, total IOL placed in the sulcus were shown 16 while the total comes 17. How does this happened?
- In the text section of the result 04 IOLs were shown flipped back to front while in the table II only two IOL were shown front to back.
- Similarly, only two optic & haptic damage were mentioned in the text of results, while in table II, 3 IOL seems damaged.
- At various places author agreed with the more benefits of injector (see page no 204 of introduction & 306 of discussion) as compared with forceps delivery of IOL. Author also seems convinced about surgical induced astigmatism by enlarging incision (see reference 8 & 9) but did not mention this important observation/complication anywhere in the results.
- Irrelevant references are given in the text with entirely wrong sequence.
- Out of 22 references, 11 (50%) are older than year 2000.

- In material & method, which viscoelastic is used since it is discussed in discussion section IOL was folded under microscope or under naked eye.
- In reference 5, 9 & 14 there are typographical mistakes.
- Author recommended wet lab practice for injector delivery of the multi piece IOLs. Although similar practice is also required for forceps delivery for the beginners as well. So how this could be the conclusive statement.

Prof. Shahid Wahab

Chairman

Ophthalmic Research & Education Foundation, Pakistan.

Reply Letter to Editor

Dear Editor in Chief,

It is in reference to PJO Vol.33, Issue No.4 Oct to Dec 2017. Following are the answers to the letter to the Editor regarding the article "Comparison of Complication between Forceps and Injector delivery for Acrylic Multi piece IOL".

- Study does not justify this topic. *Reply: The study was focused on intra-operative complications between two types of IOLs and is discussed completely in the text.*
- Conclusion is also questionable since literature proves otherwise. *Reply: Conclusion is according to the personal experience of the author and true results of the study.*
- Astigmatism & endothelium count is more important in this study. *Reply: This was not the scope of the study. These are other angles to write this research which are also interesting.*
- This topic requires to focus on power of IOL as well. Since 26 D lens is quite thicker than 14 D lens. There is no mention of dioptric power in this study. *Reply: Data is available with authors on power of the lens and will be given in reply to the Letter to the editor.*
- How 3.0 mm wound was enlarged to 4.00 mm. *Reply: The wound was marked with caliper to 4 mm and enlarged with a 2.75 mm keratome.*
- Descemet's membrane tear & corneal edema is not accounted for on first day on slit lamp examination. *Reply: The scope of the paper was to study the complications while injecting the IOL intra-operatively. Other studies can be done to assess these variables.*
- No mention of hydration or stitch to 4.00 mm wound. *Reply: Data is available with authors regarding this. As the study was limited to only problems with injecting the IOL that is why it has not been mentioned.*
- Limitations in study are not mentioned. *Reply: We had a fairly large sample size so this a fairly generalizable study.*
- The Acrys MA 60 AC was introduced in 2003 in Pakistan. But this study started in year 2002. *Reply: The first lens was implanted by the author on 8th October 2002 according to the Electronic Medical Record.*
- In introduction section author told about advancement in cataract surgery while the references are of year 1999. *Reply: The advancement in small incision cataract surgery had started in that year so the reference is quoted.*
- Statement given (Cataract surgery during past decades) does not match with study quoted in reference 4. *Reply: The study quoted is from local reference in 1996 so that is 2 decades from this study.*
- Reference 3&5 sequence not shown anywhere in the text. *Reply: This was a printing during printing.*
- "Hydrophobic acrylic IOL with square edge design produces the least posterior capsular opacification" (8 & 9 reference). This is an irrelevant statement to the study topic with unmatched quoted references. *Reply: The title reference does not match the text but the quoted article had mentioned this in the discussion.*

- Statement for reference no 6 & 7 do not matched with the actual studies quoted. *Reply: The title reference does not match the text but the quoted article had mentioned this in the discussion.*
- The rationale of the study described is actually the purpose of the study, hence rationale is not actually justified. *Reply: The rationale of the study was to identify problems in new injecting systems for intraocular lenses.*
- In the material method. Study is approved by ethical board of which hospital? *Reply: The study is approved by the ethical board of Lahore General Hospital, where the author is working. The Committee was kind enough to approve ethical concerns for this study.*
- Author stated that all data was recorded in the electronic records of the patient. How Performa was designed electronically for individual patients. *Reply: The performa was designed using Microsoft access. The author has a dedicated Electronic Medical Record for this purpose and records are available for review.*
- Was this a retrospective or prospective study? (15 years electronic recorded data). *Reply: This was a retrospective study.*
- Students “t” test with p value was applied (as per stated in material & method) for the statistical analysis. But in the result section, it was not mention anywhere. *Reply: The t test was applied on initial submission but later was omitted after revision.*
- In the result average age was stated, which is actually the mean age with standard deviation. *Reply: Average and arithmetic mean are the same as verified by research.*
- Does this enlargement of incision up to 4.00 mm caused any astigmatism? As author agreed in discussion that enlargement of incision badly effect the amount of post-operative astigmatism. *Reply: Data on astigmatism is available with author but the study was only focused on per operative complications therefore it was not mentioned. In discussion with other studies these facts are highlighted.*
- Percentages were shown in the text only, not in tables. *Reply: This was to prevent duplication.*
- In table 1, total IOL placed in the sulcus were shown 16 while the total comes 17. How does this happened? *Reply: There has been a typing mistake in the table and the total should be 17 in table and text.*
- In the text section of the result 04 IOLs were shown flipped back to front while in the table II only two IOL were shown front to back. *Reply: There has been a typing mistake in the table and it should read same as in text.*
- Similarly, only two optic & haptic damage were mentioned in the text of results, while in table II, 3 IOL seems damaged. *Reply: In text only the haptic and optic damage in IOL in the bag have been mentioned.*
- At various places author agreed with the more benefits of injector (see page no 204 of introduction & 306 of discussion) as compared with forceps delivery of IOL. Author also seems convinced about surgical induced astigmatism by enlarging incision (see reference 8 & 9) but did not mentioned this important observation / complication anywhere in the results. *Reply: This was recorded by the author but as long term follow up was not available for all patients that is why it was not studied specifically.*
- Irrelevant references are given in the text with entirely wrong sequence. *Reply: The reference sequence missing are 3 & 5 due to printing error. The references have discussed the topics in their discussions.*
- Out of 22 references, 11 (50 %) are older than year 2000. *Reply: PJO requires some references to be new but not all and there is no ratio defined. This was a study of long duration which required old references therefore they have been quoted.*
- In material & method, which viscoelastic is used since it is discussed in discussion section IOL was folded under microscope or under naked eye. *Reply: Methylcellulose was used in all cases and IOL was folded under microscope.*
- In reference 5, 9 & 14 there are typographical mistakes. *Reply: The space between two letter has been omitted due to problems with the printer and formatting done by him.*
- Author recommended wet lab practice for injector delivery of the multi piece IOLs. Although similar practice is also required for forceps delivery for the beginners as well. So how this could be the conclusive statement. *Reply: Wet lab can be used for both techniques. The author feels that as he encountered more complications with the injector other surgeons learning the technique would benefit more from wet lab in the injector technique as it has more complicated steps and maneuvers.*

Prof. Muhammad Moin
Dr. Asif Manzoor
Authors