



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2014_OR_12706
Title of the Manuscript:	Barriers to free cataract surgery in Yaoundé
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	This prospective study was conducted to find out new barriers to free cataract surgery campaign in Yaoundé, capital city of Cameroon. To the best of our knowledge about the free cataract surgery camps, high to middle class socio-economic groups wish to undergo high quality surgery with high expectation rate for visual recovery. It is known that free camps conducted by various NGO campaign is the existing barrier due to patient distribution. Nevertheless, the patient acceptance depends on several factors that are discussed in detail in the present research article. Rather this study is focussed on the psychological aspects of the patients agreeing free cataract surgery. The authors attempted to explore the factors that prevented patient acceptance for free cataract surgery. Abstract 1. In the result out of 756 cataract patients 68 people refused surgery and the study carried on 68 cataract patients. (Line no. 12). My thinking is that if the total number is considered, then the refusal rate would be 5.03% (38), 2.64% (20), 0.79% (6) and 0.53% (4),	Abstract 1-Response: thanks, the total number of patients included in this study was 68/756 giving the refusal rate of 8.99%



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	2. In conclusion section, fear factor although is a known persistent barrier for free cataract surgery, authors should try to formulate something to get rid of the fear factor by psychiatric assessment and counselling. I cannot mention that the other organisation is the new barrier to which nothing can be done. We cannot request NGO to stop free cataract surgery campaigns, rather we concentrate on improving the surgical outcome and confidence of the patient, would definitely increase the acceptance rate. (Line no. 20-21) Introduction 1. Only one reference is quoted in introduction, may insert more references Patients and methods 1. Whether the questionnaire was given to all cataract patients or only to 68 patients who refused the offer. Please provide questionnaire content as separated table. (Line no.47-51) Results 1. Mention acceptance rate (Line no. 55-56) 2. The age group ranged from 12 to 68 years, please mention the type of cataract in 12-year-old child who turn down for free offer.	2- Response: we agree that We cannot request NGO to stop free cataract surgery campaigns. NGO action will be consider as the new barrier to cataract surgery as far as this campaigns remain “sporadic” and contribute to increase the cataract backlog in the country, (line 129 to 135) Introduction 1- Response: done Method: done Result. 1- Response : thanks, done 2- Response: the aim of this study was to find out any reason for refusing free surgery. In 12 – year old child cataract can be of any type and
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	3. It is worth to present the demography data of accepted patients, and for a comparative analysis. (Line no. 58-59 and line no. 63-65) 4. Out of 68, six patients already suffered from complications. (Line no. 60-63) Discussion 1. Should start with the purpose of the present study 2. Please insert reference numbers 3 and 4 at the end of the sentence. (Line no. 72) 3. Despite low visual acuities. (low pre operative vision) The sentence meaning is lost! (Line no. 75-76) 4. Reference 3 correct the page numbers 5. Reference 5-correction of page number needed 6. In Malawi, low economical status and long distances to health care facility services decreased the uptake, while in present study authors should discuss why the children of parents refused surgery. How many cases of paediatric cataract were present? Reference-quote the correct page numbers (Line no. 82-83) 7. In Athanasiov et al study, gender difference was not observed. (Line no. 65-86)	the type of cataract according to our opinion does not influence the decision for accepting or refusing surgery 3- Response: this study did not take in account patients who accepted surgery 4- Complications from previous surgery constitute a source of fear and negative testimonies. Discussion 1- Response: done 2- Done 3- Thanks, we changed the sentence and the new sentence is “Despite low presented visual acuity” 4 and 5 – please I don’t understand what to do 6--Reasons of refusal found in this study are presented in the result section. In case of pediatric cataract, the decision to refuse was taking by the parents. 7-“ Athanasiov PA, Casson RJ, Newland HS, Shein WK, Muecke JS, Selva D, Aung T Cataract surgical coverage and self-reported barriers to cataract surgery in a rural Myanmar population. Clin Experiment Ophthalmol 2008 Aug;36(6): 521-5” reported that Cataract surgical coverage was higher for men than women but gender was not associated with
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	8. What are the barriers to switch from intracapsular cataract to extracapsular cataract surgery/or SICS, please discuss. This is important to remove the found barrier and to practice SICS with PC IOL for all the patients. (Line no. 92-93) 9. It is but natural that cataract patients exhibit desire to undergo surgery by foreign NGOs due to provision of quality surgery, which is lacking in the present paper. (Line no. 99-100) 10. The complication rate following uneventful SICS with in the bag IOL implantation have nil to minimal complications. It is difficult to agree with the authors stating so, that the NGOs are the cause for back lag of cataracts when the quality of the surgery in Yaoundé is not improved. (Line no. 105-112). Conclusion- should be drawn from the results 1. Fear factor need to be addressed by proper counselling methods by psychoanalysis 2. ICCE should be discouraged and reserved for selective cases with shifting to SICS with PC IOL implantation (in the bag) 3. Collaboration with the foreign NGOs might be helpful in increasing both CSR and acceptance rate. 4. Religious attitudes and desire for surgery in abroad may be left to the choice of patients.	refusal of services. 8) thanks, barriers to switch from intracapsular cataract to extracapsular cataract surgery/or SICS is political will to train local manpower and equip local eye services. (line 131 to 134) 9) Of course, but the only problem is the sporadic characters of these campaigns and the fact that many patients would wait for them for many years and some would died blind. 10) As far as the NGOs actions remind sporadic, it will contribute to increase the cataract backlog in Africa. Because the number of patients waiting for them will increase. Conclusion 1-2- we totally agree 4- (line 134,135,136) 5- We totally agree, any way these constitute some barriers to free cataract surgery
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	References 1. Please check the citations properly and correct the page numbers	
<u>Minor</u> REVISION comments	 1. How many patients with uniocular and bilateral cataracts present? Because this also influence the acceptance or rejection rate. 2. The actual acceptance rate can only be deduced after execution of cataract surgery that is more validated than outcomes drawn from simple acceptance/refusal rate during the campaign camps	 1-Thanks: we did not take this important factor in to account. 2- Of course
<u>Optional/General</u> comments	 Please clarify the ethical issue, if any	