



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2013_OR_7034
Title of the Manuscript:	The Patient's Viewpoint of Cataract and Detached Retina Surgeries
Type of the 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.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(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)</i>
<u>Compulsory</u> REVISION comments	The author described the medical history of cataract and retinal detachment surgeries. He undertook a dozen eye surgeries and suffered with strabismus, diplopia, pain, and visual loss. He had been also ignored his complaints of pain by physician. Based on proper description and excellent figures, he concluded that the reader should judge the appropriateness of the conclusion, "The optometric and ophthalmologic medical community had done a disservice to his patient." The physician should re-recognize the present possible status such as ignoring patients' complaint, lack of direct communication between doctors and/or optometrists. So this manuscript is important. However, there are major problems as scientific paper. The all symptoms such as diplopia,	Thank you The reviewer is correct each of these symptoms is not rare in and of itself as I have indicated in the following material and other material that I have put into an appendix.



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pain, and visual loss of patient are not “rare” after complicated case. Multiple surgeries including vitrectomy and sclera buckling for retinal detachment after complicated cataract surgery can cause such complaint. The pain is not rare symptom. The ophthalmologist usually understand well, whether they explain it to their patients.

To conclude, the author should describe proper reference about the incidence of complication of cataract surgery, the success rate of retinal detachment surgery, the rate of diplopia/strabismus after sclera buckling, macular edema after intraocular surgery and the rate of pain.

I believe the objective analysis and discussion is needed for scientific paper. If the author describes his conclusion, proper or theoretical discussion is absolutely needed.

Note added in 2013: According to the American Society of Cataract and Refractive Surgery three million Americans undergo cataract surgery each year, with an overall success rate of 98 percent. In a literature review covering 2862 eyes [Lee, Foot and Eke; 2013] documented posterior capsule rupture rates of 0.8%.

May 12, 2008, First Detached Retina Operation

The optometrist saw a half-dozen retinal tears (like tears in a fabric, not like tears when a person is crying) and referred me to a retina specialist, Ophthalmologist-4. He told me that the operation had a 92% chance of success and if it did fail there was a second operation that he could do that had a 50% chance for success. For more statistics like these the reader should go to the appendix.

I have put the following material into an appendix.

Appendix: Success rate

What is the success rate for medical procedures? That is a hard question to answer. It depends on the subject, the surgeon, the year, the operating conditions and the definition of success. This section will examine a few published success rate examples for cataract and detached retinal operations. The percentages do not total to 100% because each study had different numbers of patients and different definitions for the outcomes.

Cataract surgery success

Papers published in the last decade have shown that 97% of cataract operations are completed successfully ($\bar{x} = 96.7$, $\sigma = 3.6$, $n = 11$), while 1% cause cystoid macular edema that produces visual acuity less than 20/40 ($\bar{x} = 1.4$, $\sigma = 0.6$, $n = 8$), 12% produce cystoid macular edema that can be detected with fluorescein angiography or optical coherent tomography, 0.04% cause intraocular infection, which is called endophthalmitis and 1% are followed by retinal detachment within a year [Haug, 2012 and Clark, 2012] ($\bar{x} = 1.05$, $\sigma = 0.1$, $n = 6$).

Retinal detachment surgery success

Of retinal detachment surgeries, about 90% are successfully repaired with a single operation. In the



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		remaining cases, the retina detaches again and needs another operation. The final failure rate is 5%. http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Retinal_detachment Another retinal detachment failure is ocular misalignment after surgery. More specifically, among 821 patients who underwent scleral buckle surgery, 12 subjects (1.5%) developed strabismus and diplopia http://www.ncbi.nlm.nih.gov/pubmed/17978674. Another study reported that among of 1030 patients who underwent scleral buckle surgery, 39 subjects (3.8%) developed strabismus and diplopia http://www.ncbi.nlm.nih.gov/pubmed/22466475 Haug S, Bhisitkul RB. Risk factors for retinal detachment following cataract surgery. <i>Current Opinion in Ophthalmology</i> 2012; 23 (1): 7–11. Clark A, Morlet N, Ng JQ, Preen DB, Semmens JB. Risk for retinal detachment after phacoemulsification: a whole-population study of cataract surgery outcomes, <i>Arch Ophthalmol.</i> 2012; 130(7):882-888.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		