



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	Is it a Case Report ?!

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 (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)
Compulsory REVISION comments	I am impressed by explains and the diagrams drawing of symptoms and the expression of the complaints, which definitely correlates to the author's knowledge in the field. Respectable effort were done by author to write the manuscript but the type of the study, targeted audience and the text structure may need complete revision to augment the article value. The educational value is clear but I am confused about the targeted audience? Here below are my comments:- Type of the study (design) Methodology is acceptable but quite long and segmented. 47-63 was an anterior vitrectomy done in the primary surgery? If yes was it Triamcelelone (kanalog) assisted? Lines 214-220 were the cryo-probe use in office (clinic)? Lines 304-319 were there any refraction done? Was the patient having anisometropia? Was the IOL tilted or sub-laxated? Again not to explain the machines as the readers are ophthalmologists who know the OCT. Lines 333-335 the pupil measurement may not been checked as either is not expected to be affected or the office settings required an on-arrival pupil dilatation to allow better examination of the retina.	



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	From line 372 on the mentioning of UCLA is not go to add to the scientific material and can probably considered as advocating for a specific centre, same as Line 429 (UCLA). In discussion: comments about ILM peeling, is it on basis of valid references in relation to symptoms? I strongly suggest shortening the text keeping the intended ideas to highlight sequence of complications/management and the pain origin.	
<u>Minor</u> REVISION comments	In the introduction, the optometrist's job described might be a point of conflict and that will add to their responsibilities, this might complicate the situation in underdeveloped centres of health service. To arrange Figures as per text (lines 75-84) text pointing to figure 1 then figure 3, it may be better to go in sequence of a,2,3. Lines 90,107 Prefluro = octafluoropropan) Lines 96-123 as the readers are ophthalmologists; this segment is better to omit.	
<u>Optional/General</u> comments	Title can be more attractive if changed to nightmare of cataract surgery or case report of prolonged eye pain following cataract surgery written from patients Viewpoint Centres mentioned may be interpreted as advocating for universities or medical schools could rise some points of grading skills or capabilities.	

Reviewer Details:

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