



SDI Review Form 1.6

Journal Name:	<u>British Journal of Medicine and Medical Research</u>
Manuscript Number:	2015_BJMMR_17702
Title of the Manuscript:	Fashioned 25G Cannula for Injection of Heavy Liquid during 23G Vitrectomy for Primary Simple Rhegmatogenous Retinal Detachment
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.

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>
Compulsory REVISION comments	In this article, you don't mention the most important feature observed while introducing heavy liquid: the color of optic nerve...becomes pallor? When you use this type of cannula, when you inject heavy liquid (HL) and no closure the infusion cannula, intraocular pressure increase and you have a risk that optic nerve ischemia occurs and central retinal artery occlusion could be happen. However, if you close the infusion cannula, the intraocular pressure rises too. And you have to do this maneuver very carefully, avoiding the rise of the intraocular pressure. This type of cannula is usually improvise in several hospitals of developing countries, however actually there are a type of cannula called DUAL BORE produced for different companies, some cheaper than other, and its specific use is to inject HL during vitrectomy for retinal surgery. Dual bore cannula or similar one allowing pressure release via passive egress of fluid through the vent hole in the outer lumen. This is available for 23, 25 and 27 gauge, you can	The infusion cannula was closed in all cases. I observed the optic disc , and found no pulsations or pallor in any case. The injection was slow enough to observe any IOP spike. My work was done in an Egyptian hospital that was supplied with this cannula. The dual bore cannula seems impressive... I will look for it , use it and compare results.... And I suppose it will be better than my fashioned cannula.



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	reuses and during for many retinal surgeries. It is inexpensive an ideal for this objective. I don't think that the fashioned 25 g cannula is a good option for injection of HL during 23 g vitrectomy for retinal surgery, quite the opposite.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		