



**SDI Review Form 1.6**

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|--------------------------|---------------------------------------------------------------------------------------|
| Journal Name:            | <a href="#">Ophthalmology Research: An International Journal</a>                      |
| Manuscript Number:       | 2015_OR_17902                                                                         |
| Title of the Manuscript: | Laser-Assisted Opening of Gold Micro Shunt's Windows in Glaucoma: Efficacy and Safety |
| 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 (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) |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Compulsory</u></b> REVISION comments | <b>ABSTRACT</b> <ol style="list-style-type: none"> <li>1. PARTICIPANTS. Please delete patients' ethnicity.</li> <li>2. METHODS. Please delete the first sentence, and add the follow-up time.</li> <li>3. RESULTS. Please delete 'long-term' (around 6 months is not such a long time!).</li> </ol><br><b>DISCUSSION</b> <ol style="list-style-type: none"> <li>1. Please provide a possible reason why the number of hypotensive eyedrops was not reduced, after laser.</li> </ol> |                                                                                                                                                                               |
| <b><u>Minor</u></b> REVISION comments      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |
| <b><u>Optional/General</u></b> comments    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |

**Reviewer Details:**

|                                  |                                              |
|----------------------------------|----------------------------------------------|
| Name:                            | Barbara Giambene                             |
| Department, University & Country | SOD Oculistica, University of Firenze, Italy |