Letter to the Editor

Comparison of surgically induced astigmatism between horizontal and X-pattern sutures in the scleral tunnel incisions for manual small incision cataract surgery

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Dear Sir,

We read the article titled, "Comparison of surgically induced astigmatism between horizontal and X-pattern sutures in the scleral tunnel incisions for manual small incision cataract surgery" with great interest[1] and would like to draw your attention toward certain extremely relevant points which have not been covered appropriately.

Various ways of suturing the scleral tunnel incisions have been described in the literature.[2] The author chose to compare two such methods. However, if the study was aimed at finding the effect of suturing technique, in that case, the site of incision should not have been altered. This has created another variable in the study. There is no information regarding the magnitude of astigmatism for which the incision placement was changed. Temporal incisions are known to induce lesser astigmatism.[3]

The technique described by the author is phacosandwich technique initially described by Fry.[4] It is difficult to perform this procedure in 5 mm incision with two instruments entering the anterior chamber. Further, there is no description of the hardness of the nuclei. Softer nuclei mold themselves and can be delivered without multiple instrumentations inside the anterior chamber. The capsular opening mentioned is 5–6 mm. It may not be possible to take out a rock hard brown or black cataract through even 6 mm capsular opening!

As surgically induced astigmatism is more for sections more than 6 mm in size, the study would have been more relevant to section size 6 mm or more for applicability to the developing world where rock hard cataracts are extremely common![5]

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Conflicts of interest

There are no conflicts of interest.

References

1. Eslami Y, Mirmohammadsadeghi A. Comparison of surgically induced astigmatism between horizontal and X-pattern sutures in the scleral tunnel incisions for manual small incision cataract surgery. Indian J Ophthalmol 2015;63:606-10.
2. Malik KP, Goel R, editors. Cortex aspiration, intraocular lens implantation and wound closure. In: Manual of Small Incision Cataract Surgery. New Delhi: CBS Publishers; 2011. p. 48-53.
3. Gokhale NS, Sawhney S. Reduction in astigmatism in manual small incision cataract surgery through change of incision site. Indian J Ophthalmol 2005;53:201-3.
4. Fry LL. The phaco sandwich technique. In: Rozakis GW, editor. Cataract Surgery: Alternative Small Incision Techniques. Thorofare, NJ: Slack; 1990. p. 91-110.
5. Thomas R. Role of small incision cataract surgery in the Indian scenario. Indian J Ophthalmol 2009;57:1-2.

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