Reply to comment: Conventional manual small-incision cataract surgery

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Dear Sir,

We would like to thank Chew and Tan[1] for their comments on our article, "manual cataract extraction via a subconjunctival limbus oblique incision for mature cataracts."[2]

Though both conventional manual small-incision cataract surgery (MSICS) and subconjunctival oblique limbus incision (SCOLI) are demonstrated to be safe and effective techniques for treatment of cataract patients,[2-4] SCOLI may be the preferred technique in the setting of high daily volumes.

First, conventional MSICS sometimes meets difficult in delivering a large, hard nucleus through the long tunnel (3–3.5 mm) without fragmentation.[5,6] The shorter tunnel length (1.5 mm) in SCOLI permits easy delivery of a large nucleus.

Second, less surgical trauma to conjunctiva/sclera and free of a rectus bridle suture contribute to the less-invasive characteristics and bring the trend toward topical anesthesia in SCOLI, thus minimizing the risks related to local anesthesia and reducing the preoperative preparation time.

Third, the SCOLI technique is free of creating a conjunctiva flap, hence the following Westfield cautery and the conjunctiva opposing at the end of the surgery. These merits help to save a lot of surgery time.

In addition, flexibility is another advantage of SCOLI over the conventional MSICS. This limbal incision can be easily converted to conventional extracapsular cataract extraction (ECCE) in necessary. Meanwhile, we can easily convert phacoemulsification into SCLOI. Therefore, SCOLI is a good option for a surgeon who is in the transition from ECCE to phacoemulsification.

For these reasons, we believe that SCLOI is the more appropriate technique for addressing the large and growing backlog of blinding cataracts in the developing world.

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Conflicts of interest

There are no conflicts of interest.

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