Author reply to comment on subconjunctival limbus oblique incision for mature cataracts

Sir,

We would like to thank Bayramlar *et al.* for their comments on our article, "Manual cataract extraction via a subconjunctival limbus oblique incision for mature cataracts."[1]

- In the article, we described an incision at the location of 135° for right eyes; however, we use the same location for left eyes.[2] Actually, this incision can be easily performed within the 360° limbus if needed, such as for subluxated lens surgery. For patients with high eyebrows and high bridge of the nose, it can be done in temporal side, facilitated by rotating the head of the patient and adjusting sitting position of the operator. Hence, it's easy to arrange a temporal incision according to corneal curvature meridian direction for correction of preoperative astigmatism
- A polymethylmethacrylate (PMMA) lens was often used for charge free surgery; however, a foldable lens was also used on demand of the patient. A study by van Gaalen *et al.* demonstrated that aspheric intraocular lens (IOL) showed less spherical aberration than eyes with PMMA and foldable spherical IOLs, but the differences among the IOLs are small. In addition, eyes with a PMMA IOL showed a larger depth of focus compared to eyes with an aspheric IOL[3]
- IOL deviation will not occur when a PMMA lens is implanted in the sac with 7 mm capsulorhexis. However, a soft crystal is likely cause IOL deviation when the double loops are not simultaneously located in/out the sac. We use large capsulorhexis combined with anterior capsule polishing techniques to reduce the incidence of postcataract[4,5]
- We used to employ the sandwich technique to remove the lens nucleus.[6] However, we found that this technique was not as

good as SCOLI for intraoperative eye manipulation when surface topical anesthetization was employed.[2] Moreover, as the author mentioned, a 8 mm nuclear necessitated an 8–9 mm incision with sandwich technique; however, it could pass a 7 mm SCOLI through nuclear deformation. The SCOLI technical are applicable to nucleus of different hardness, including brown and black nuclear. For 9 mm diameter nuclear, the limbal incision is enlarged to 8 mm width, with a conjunctival incision of 6 mm. We also use a 7 mm incision joint with chop technique, removing the lens nucleus at twice.

In short, we thank Bayramlar *et al*. for their comments on SCOLI technology; we will try our best to improve the cataract surgical techniques.

Jun Yang, Pinghong Lai[1]

Department of Ophthalmology, The First People's Hospital of Yunnan Province, [1]Department of Ophthalmology, Jiangxi Provincial People's Hospital, Nanchang, Jiangxi Province, People's Republic of China

Correspondence to: Dr. Pinghong Lai,
Aiguo Road 92, Nanchang,
Jiangxi Province, People's Republic of China.
E-mail: laipinghong@aliyun.com

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