Completion rates of anterior and posterior continuous curvilinear capsulorrhexis in pediatric cataract surgery for surgery performed by trainee surgeons with the use of a low-cost viscoelastic

Dear Sir,

We thank Dr. Sumitha Agarkar and Dr. Chongtham S Devi for their interest in our article.[1,2] We would like to make a few comments and clarifications. Jeng *et al*. had reported the completion rate (of anterior capsulorrhexis in pediatric patients) of 90% with the use of Healon 5 and 46.7% with the use of Healon.[3] Our success of 66.7% for anterior capsulorrhexis falls in between. Hamada *et al*. reported a success of 100% for the completion of anterior capsulorrhexis with the use of Two incision push pull (TIPP) technique and Healon GV.[4] Both these studies have been quoted in our article.[2] The authors routinely use the TIPP technique for anterior capsulorrhexis in children less than three years of age. While we agree that it is a useful technique and helps achieve a capsulorrhexis in most of the patients, we have also found that the rhexis thus achieved is rarely circular and often has a right angled edge. Hence, there has been some reservation in passing it on to the trainee surgeons. Therefore, this technique was not used for the study.We agree that it would be useful to know the success rates for anterior capsulorrhexis in children <2 years of age. As an institute policy, we routinely implant intraocular lenses in children >1.5 years for bilateral cataracts and >6 months for unilateral cataracts. The need for an intact capsulorrhexis is more pressing, when an IOL implantation is planned and all the patients included in our study had an IOL implantation. All pediatric cataract surgeries done by fellows are closely supervised by the consultants. Only fellows who demonstrate good surgical skills are allowed to operate on children <2 years. Because of the above mentioned technical difficulties, the number of patients less than two year age group is very less in our study. For the same reason, it would be difficult to include cataracts with anterior segment anomalies and other complicated cases in studies involving trainee surgeons. The Infant aphakia treatment study[5] quoted by Agarkar *et al*.,[1] enrolled infants with unilateral cataracts only and the group has not yet come up with recommendations that support the routine implantation of an IOL in a younger age group.[6]

Our study specifically addressed the capsulorrhexis completion rates for pediatric cataract for surgeries performed by trainee surgeons**.** The success rates for senior surgeons though important was out of scope of our study.

We once again thank Dr. SumithaAgarkar and Dr. Chongtham S Devi for raising many valid points that could form the subject of future studies.

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