

## Response to comment on: Anatomical and functional outcomes one year after vitrectomy and retinal massage for large macular holes

Dear Editor,

Thank you for showing interest<sup>[1]</sup> in our article on anatomical and functional outcomes after retinal massage for large macular holes.<sup>[2]</sup> We are happy to note that you are using the same technique with a few modifications. We do agree that performing retinal massage under fluid may be easier than under air. Draining the fluid from the macular hole without touching the retinal pigment epithelium may be achieved by keeping the microscope sharply focused, being gentle, and not rushing through the procedure. Just as you have mentioned, we have found this technique to be useful in cases of non-closure with good results. Your suggestion regarding contrast sensitivity and color vision in determining macular function after macular hole surgery with retinal massage is well taken. A randomized control trial, as you have suggested, will definitely inspire more people to shift to this simple yet effective technique.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has/have given his consent for his images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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## Reference

1. Dhawan A, Sreenivasan J. Comment on: Anatomical and functional outcomes one year after vitrectomy and retinal massage for large macular holes. *Indian J Ophthalmol* 2021;69:2911.
2. Chakraborty D, Sengupta S, Mukherjee A, Majumdar S. Anatomical and functional outcomes one year after vitrectomy and retinal massage for large macular holes. *Indian J Ophthalmol* 2021;69:895-9.

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Access this article online	
<b>Quick Response Code:</b>	<b>Website:</b> www.ijo.in
	<b>DOI:</b> 10.4103/ijo.IJO_1558_21

**Cite this article as:** Chakraborty D, Sengupta S, Mukherjee A, Majumdar S. Response to comment on: Anatomical and functional outcomes one year after vitrectomy and retinal massage for large macular holes. *Indian J Ophthalmol* 2021;69:2912.

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