

Letters to the Editor

Visual outcome of conventional extra-capsular cataract extraction with posterior chamber intraocular lens implantation versus manual small incision cataract surgery

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Dear Editor,

We went through an article by Gurung et al (2009) on visual outcome of conventional extra-capsular cataract extraction with posterior chamber intraocular lens implantation versus manual small incision cataract surgery published in the first issue of the Nep J Ophthalmology with a great interest. The study highlights the important issues on different types of cataract surgery and their advantages. The authors, however, have not mentioned about the number of surgeons involved and their level of experience in performing the cataract surgery, which could be a source of bias to come to a valid conclusion. Moreover, the small sample size of the study is a significant limitation for generalization of the findings, thereby limiting its external validity.

It is a well-known fact that the site of incision can induce variable degrees of astigmatism. The precise site has also not been mentioned in this article. The corneal astigmatism is directly proportional to the cube of length of the incision and is inversely proportional to the distance the incision is placed from the limbus (Koch PS, 1991 and Koch DD, 2006). To prevent astigmatism postoperatively, the incision should be placed at the steepest meridian in eyes with preoperative astigmatism greater than 0.5 D (Koch, 2006).

The follow up time was 6 to 8 weeks, which is too short to comment on the final astigmatism. The prolonged period of wound remodeling (2-3 years) has been observed in human limbal incisions (Matsumoto et al, 2001). It is not mentioned whether any sutures were applied in the SICS group. The number, length, and type of sutures also affect the final refractive error (Koch et al, 1993).

We agree with the authors' view that the manual small incision cataract surgery should be the method of choice and the upcoming ophthalmologists should be trained for the same so that effective rehabilitation of the cataract patients could be achieved in the early post-operative period.

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