

Dear editor,
Thank you for your reply and time.
Below are our responses to the esteemed reviewers.
Also, we have rewrote few sentences with a better English.
We believe our revised manuscript is an improved and better version.

Specific Comments to Authors:

1. Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Dear Authors, Excellent study. 1. Which type and level of carotid artery stenosis as per angiography and doppler were included in the study? 2. How you calculated the sample size for this study? Kindly mention in detail. 3. Why OCT - Angiography was not done as it is the ideal diagnostic modality for this kind of study? 4. What your study adds to the existing literature? Add one paragraph in your manuscript. 5. Regarding type and severity of diabetic and hypertensive retinopathy pre-op and post-op progression or regression or status quo not mentioned? Thank you

Dear reviewer, thank you so much for your valuable comments.

The candidacy of the patients was examined by expert cardiologists. It has been reported that about 10% of patients undergoing CABG may suffer from significant carotid stenosis. Based on the ACC/AHA Guidelines for CABG (2011), carotid artery duplex scanning should be selected in selected patients and is not routinely recommended. Hence, we did not perform carotid evaluation on our patients.

As there is no similar report, we had no reference to calculating the sample size in a standard statistical manner. In fact, this study was the thesis subject of one of our residents and a total of 58 candidates from September 2019 to January 2022 were consecutively recruited.

Unfortunately, the COVID-19 pandemic impacted our study and led to a shedding in patient recruitment. Hence, future studies with larger sample sizes are recommended.

Your comment regarding OCTA is completely respected and could be a subject for future studies. OCTA modality was not available in our center and this point has been added to the limitations of our study.

Our findings showed that CABG may significantly reduce visual acuity without impacting on the ocular structures. The postoperative vision reduction might be attributable to either molecular or cellular variations or changes in the visual pathways' function or central nervous system. A paragraph has been added to the discussion section.

Diabetes mellitus was observed in eight participants (32%). Out of these, three cases had mild non-proliferative diabetic retinopathy (NPDR) and one patient had moderate NPDR. Status of diabetic retinopathy remained stable after the surgery. Also, 13 patients (52.0%) mentioned a history of systemic hypertension, in which 4 cases showed grade II of hypertensive retinopathy. No changes were detected in the grading of hypertensive retinopathy after the surgery.