January 6, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7032-Review.doc).

Title: Ocular Damage Secondary to Lights and Laser: How to Avoid and Treat if Necessary

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Name of Journal: World Journal of Ophthalmology

ESPS Manuscript NO: 7032

The manuscript has been improved according to the suggestions of reviewers:

- 1. Format has been updated.
- Language has been proofread and small typos/errors have been corrected. Most authors, including the senior author, are native speakers of English. We choose not to have the manuscript reviewed by an English editing company.
- 3. We thank reviewer **00505049** for the valuable comments. We addressed his/her recommendations as follows:
 - The abbreviation "IPL" has been re-explained in the mentioned paragraph.
 - The mentioned paragraph in page 9 has been moved as suggested.
- 4. References and typesetting were updated

We also thank reviewer **00505101** for his/her comments and suggestions. We would like to respond to points raised by the reviewer as follows:

1. The reviewer mentioned that the article does not add anything new to the existing knowledge.

The article in its current format as a "topic highlight review" is not meant to add new information to the existing knowledge. However, although the manuscript is meant to be a review of the currently agreed upon and well-established methods for preventing ocular damage secondary to lights and lasers, we believe that we do provide a novel, comprehensive framework of safety guidelines and ways to provide initial treatment for adverse events in the unfortunate scenario that one happens. We believe, to the best of our knowledge, that such detailed framework has not been collectively provided in a paper addressing ophthalmologists willing to incorporate cosmetic lasers into their practice.

2. The reviewer mentioned that the manuscript lacks a clinical, observational study highlighting the incidence of various types of ocular damage in our own patients, with the possible addition of tables, graphs and clinical photographs depicting the laser side effects.

We thank the reviewer very much for this comment. We submitted the manuscript in the "topic highlight" format. The purpose of the article, as explained in the abstract, is to review the precautionary safety measures that should be employed in order to avoid ocular injury in the patient, operator and support personnel, and to highlight the treatment modalities the laser operator can utilize as initial measures in case he/she is suspicious of ocular injury. The manuscript explains in detail the mechanisms by which ocular injury can occur to highlight the significance of each of the presented precautionary measures. Possible ocular adverse events were briefly enumerated in the context of the discussion. We also added a number of paragraphs in our edits, as per the reviewer's recommendations, highlighting a literature search on documented cases of inadvertent ocular injury secondary to lights and lasers with an emphasis on posterior segment complications. The idea of performing a clinical study on our own patients to document our own incidence of ocular injury is a valid one, but as a matter of fact, due to the stringent adherence to precautionary measures in our institution, we have not had any reportable adverse events secondary to lights and lasers; and the reproduction of copyrighted clinical photographs from articles written by other authors and seeking the appropriate permissions was not considered. We however added 2 photographs of patients that presented to our team with ocular side effects

following inadvertent exposure to intense pulsed light (IPL) in an outlying facility.

 The reviewer has suggested that we outline in detail all ocular complications, especially the posterior segment adverse events, with the addition of detailed treatment protocols for each of the complications.

We thank the reviewer for this valuable comment. A literature search has been performed and examples of laser ocular injuries emphasizing posterior segment complications reported were added in our edits. As explained above, the purpose of the manuscript is to highlight the necessary precautionary measures and initial treatment strategies that could be employed when an injury is suspected. As the main target audience from the pool of readers of WJO includes ophthalmologists who will be performing laser or light treatments for cosmetic and/or functional purposes in the periocular regions and who might not be fully aware of all the necessary precautionary measures that need to be employed when embarking on the use of these multidisciplinary technologies, the specific treatment strategies for each of the complications, such as cataract, uveitis, macular scars, epiretinal membranes, choroidal rupture and choroidal neovascular membranes were intentionally left out as these fall within the areas of expertise of a number of subspecialists. It is assumed, and highlighted in the manuscript, that ophthalmologists performing these laser treatments will be able to recognize the injuries, treat those that fall within their scope of practice and make referrals to the appropriate subspecialists when necessary. The initial treatment strategies that could be employed when the ophthalmologist is suspicious of ocular damage secondary to lights or lasers are however highlighted in the manuscript.

Thank you again for publishing our manuscript in the World Journal of Ophthalmology.

Sincerely yours,

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