

REVIEWER'S REPORT

Manuscript No.: IJAR-57426

Title: Comparative Analysis of Surgically Induced Astigmatism and Visual Outcomes: Manual SICS vs Phacoemulsification in Hard Nuclear Cataracts

Recommendation:

- Accept as it is
- ✓ Accept after minor revision.....**
- Accept after major revision
- Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name: Dr S. K. Nath

Detailed Reviewer's Report

Strength of the study

- The study addresses a clinically relevant issue in cataract surgery practice
- Prospective comparative design improves reliability of findings
- Equal distribution of patients in both surgical groups allows fair comparison
- Outcome measures including BCVA and surgically induced astigmatism are appropriate
- Results are clearly summarized and clinically meaningful
- The topic has practical value for resource limited ophthalmic settings and developing countries

Weakness of the study

- Short follow up period of only six weeks limits long term assessment
- Ethical clearance and informed consent details are not mentioned clearly
- Statistical analysis section lacks detailed explanation
- Sample size is relatively small for broader generalization
- Corneal endothelial cell analysis was not included
- References are limited and incompletely formatted
- Discussion section could provide deeper comparison with previous studies and literature

Reviewers Comments

The manuscript presents a relevant comparative study between Manual Small Incision Cataract Surgery and phacoemulsification in hard nuclear cataracts. The study design is appropriate, and the comparison of surgically induced astigmatism with postoperative visual outcomes is clinically useful. The results are clearly presented and indicate faster visual rehabilitation with phacoemulsification while confirming the practical value of SICS in resource limited settings. The topic is important for ophthalmic surgeons working in developing countries where cost effectiveness remains a major consideration. However, the manuscript requires improvement in several areas. Ethical clearance approval and informed consent procedures should be clearly stated. The follow up duration is short and limits evaluation of long term surgical outcomes and complications. The statistical analysis section also needs more detail for better scientific clarity. Minor grammatical and formatting inconsistencies are present throughout the manuscript. The discussion could be strengthened with more detailed comparison to existing literature. Overall, the study is clinically meaningful and suitable for publication after moderate revision and improvement in reporting quality.