Peer Review File

A newly designed silicone tube for the treatment of canalicular laceration

Reviewer 1
The concept is good and thought provoking but it already exists:
1) The design proposed in almost same as the Nanchakus - marketed by FCI ophthalmics - The model replicates this model.
2) Since the diameter of the stent is less than the stylet, when we attempt to remove the stylet the stent would invariably coil into the lacrimal sac and will not remain in the NLD as proposed - How do we confirm the position of the tube???
3) Since the stent is going to be retained in the sac - the chances of extrusion would be similar to the other stent which lie freely into the sac (monoka, masterka, etc)

Response: Monoka and Masterka are shorter and located only in the lacrimal canaliculus. This is different from our design. In the discussion section, we explained why the stent would not likely come out. It was wrote that: due to limited space and mechanical principles, the tube would not likely come out. The diameter of both ends of the tube is 1.1-mm outer diameter. After implantation, the silicone tube diameter from the lacrimal sac to nasolacrimal duct opening was 1.1 mm and with the two sections side by side, the diameter will reach 2.2 mm. However, the diameter of lacrimal canaliculi is only 0.5 mm. Therefore, the silicone tube was placed in a tight space, and not easily removed. We also hypothesize that the orbicularis muscle may have an extrusion effect on the lacrimal canaliculus and this effect may be helpful in preventing prolapse of the tube.

Reviewer: 2
Accept as it is.

Reviewer: 3
A good and scientific manuscript.
But more pictures about newly designed silicone tube are needed.
And if a video about tube usage is very helpful.
Response: I added a picture about the tube. Unfortunately, we don’t have good quality video about tube usage.