Answer to the Letter to the Editor relating: Lytvynchuk LM, Falkner-Radler CI, Krepler K, Glittenberg CG, Ahmed D et al. "Dynamic intraoperative optical coherence tomography for inverted internal limiting membrane flap technique in large macular hole surgery" Graefe's Arch Clin Exp Ophthalmol 2019 May 29; <https://doi.org/10.1007/s00417-019-04364-5> written by Michalewska Z. and Nawrocki J.

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Dear Editor,

We have read the Letter to the Editor written by Zofia Michalewska and Jerzy Nawrocki relating our manuscript "Dynamic intraoperative optical coherence tomography for inverted internal limiting membrane flap technique in large macular hole surgery" *Graefe's Arch Clin Exp Ophthalmol* 2019 May 29. Being relatively new technique, inverted ILM flap technique, which was first proposed and described by Michalewska et al., became very popular among vitreoretinal surgeons due to its efficacy and favorable postoperative results [1]. Up until now, the variety of modifications of the technique with the use of ILM flap was proposed [2]. The differences

between these technique modifications shall be without any doubt appreciated and well distinguished.

Our study primarily was focused on the use of intraoperative optical coherence tomography (iOCT) for macular surgery and its efficacy, which clearly can contribute to the technical performance of the new techniques and their intraoperative control. The inverted ILM flap technique is one of the newest methods for macular hole surgery, where the value of the microscope-integrated intraoperative OCT use can be fully appreciated. Among the main advantages of the iOCT use are side view imaging of the surgical intervention with assessment of the surgical maneuvers and tissue response, intraoperative control during every step of the surgery and efficacy during the learning curve. The authors are grateful to the developers of the inverted ILM flap technique for this Letter to the Editor, which allows for clarifying the terminological confusions mentioned in our article.

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