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Aylık yeniden kullanılabilir lens kullanıcılarının %50'si 3. ve 4. haftalarda lenslerinin konforundan memnun değil.[1,2]

Yüksek konforlu* ACUVUE® OASYS, hastalarınızın daha kısa lens değişim sıklıklarına geçişini kolaylaştırır.

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Tüm modaliteler ve görme bozukluklarına yönelik seçenekleriyle ACUVUE® OASYS hastaların daha sık değişimli modalitelere geçmelerine yardımcı olur.

GÖZDEN ESİNLENEN™ YENİLİKLER[3]

Aynı GÖZDEN ESİNLENEN™ YENİLİKLER[3] tüm modalitelerde bulunmaktadır

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ACUVUE® kontakt lensleri dünyada en çok satılan markadır†

Bugün hastalarınıza ACUVUE® OASYS ile sıradışı bir kontakt lens deneyimini önerin.

* www.clinicaltrials.gov NIH tarafından yönetilen bir web sayfasıdır. 30 klinik çalışmada ACUVUE® OASYS Marka 2-Haftalık ve ACUVUE® OASYS 1-Day with HydraLuxe Technology için sübjektif konfor birincil ya da ikincil sonlanım noktası olarak değerlendirilmiştir. Değerlendirme 29 Ekim 2021 tarihi itibariyle yapılmıştır. †Euromonitor International Limited; Eyewear 2022 baskısı; tüm perakende kanallarında değer cinsinden satışlar, 2020 verisi; "ACUVUE® marka ailesi" şu markaların, GBN düzeyinde toplanmış satışlarını göstermektedir:
1-Day ACUVUE®, ACUVUE® OASYS, ACUVUE® Advance, ACUVUE, ve ACUVUE® 2. Tüm ACUVUE® Marka Kontakt Lensler, zararlı UV ışınlarının gözünüze ve korneanıza ulaşmasına karşı korunmaya yardımcı olan Sınıf 1 veya Sınıf 2 UV-blokajına sahiptir. UV emici kontakt lensler, gözü veya çevresindeki alanları tamamen kapatmadıkları için, UV bloke edici güneş gözlüklerinin yerini ALAMAZLAR. UV geçirgenliği -1.00D lens ile ölçülmüştür.
1. JJVC Arşiv verisi 2016. MRM ABD aylık kullanım deneyimi 30 günlük deneyim (Kadence Araştırması) 2. JJVC Arşiv verisi 2016. MRM ABD-İngiltere-Almanya aylık kullanım deneyimi (Leger Araştırması) 3. JJV Arşiv verisi 2020. ACUVUE® Marka - GÖZDEN ESİNLENEN YENİLİKLER. Doğru kullanım, bakım ve güvenlik hakkında daha fazla bilgi edinmek için Kullanım Talimatlarına bakın veya J&J internet sayfasını ziyaret edin(www.jnjvisioncare.com.tr). Kontakt lensler tıbbi cihaz olup göz doktorunun verdiği reçete ile optik müesseselerinden temin edilir. SMM kullanımı amacıyla üretilmiştir. Tüketiciye verilemez.

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Sodyum hiyalüronat %0.20

Kontakt Lensler İle Uyumludur

Göz yüzeyinde

ETKİN NEMLENDİRME

ve uzun süreli etki sağlar,
tüm kuru gözler için uygundur.*

YERLİ ÜRETİM

***Ref:** Glyhat Göz Damlası Kullanım Kılavuzu

GLYHAT GÖZ DAMLASI, 10 ml KULLANIM KILAVUZU Kuru, yorgun gözler için uzun süreli rahatlık. Kuru, tahriş olmuş veya rahatsız gözler için koruma ve rahatlama sağlamak amacıyla özel olarak formüle edilmiş, gelişmiş bir kayganlaştırıcı göz damlasıdır. **BİLEŞİMİ** Polietilen Glikol 400 (PEG 400) %0.25 Sodyum Hiyalüronat %0.20 Oksikloro kompleks koruyucu (Sodyum klorit) Borik asit Sodyum borat (dekahidrat) Sodyum klorür Potasyum klorür Kalsiyum klorür (dihidrat) Magnezyum klorür Saf su **ENDİKASYONLAR** Tahriş olmuş, rahatsız edici gözlerde rahatlama için destek olur, nemlendirir. Kontakt lensler ile birlikte kullanılabilir. **KONTRENDİKASYONLAR** Herhangi bir kontrendikasyonu bilinmemektedir. **KULLANIM ŞEKLİ ve MİKTARI** Etkilenmiş göze gerektikçe 1 veya 2 damla damlatınız. Gözün ıslatılması için gözünüzü birkaç kere kırpınız. İhtiyaç duyduğunuz sıklıkta kullanınız. Kontakt lens kullanıyorsanız, kontakt lensler gözünüzdeyken kullanabilirsiniz. **UYARILAR** Emniyet contası kırılmış veya kayıpsa kullanmayın. Solüsyonu yutmayınız. Bileşenlerinden herhangi birisine alerjisi olan kişilerde kullanılmamalıdır. Kontaminasyonu engellemek için tüpün ucunu herhangi bir yüzeye ve gözünüze değdirmeyiniz. Son kullanma tarihinden sonra solüsyonu kullanmayınız. Çocukların erişemeyeceği yerde saklayınız. 5°C - 25°C'de saklayınız. Açıldıktan 45 gün sonra tüpü ve kalan solüsyonu atınız. Genel olarak göz damlalarıyla ilgili potansiyel riskler, yan etkiler veya komplikasyonlar alerjik reaksiyonlar, inflamasyon veya infeksiyon olarak ortaya çıkmaktadır. Devam eden sorunlarınızda lütfen göz doktorunuza başvurunuz. **YAN ETKİLER** Bildirilmemiştir. **SON KULLLANMA TARİHİNDEN SONRA KULLANILMAMALIDIR.** Kullanım kılavuzu güncelleme tarihi: 18.03.2021 Raf ömrü: 36 ay **REÇETE İLE SATILIR.** WORLD MEDICINE İLAÇ SAN. VE TİC. A.Ş. 15 Temmuz Mah. Cami Yolu Cad. No: 50 Güneşli-Bağcılar/İstanbul Detaylı bilgi için; www.worldmedicine.com.tr

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AcrySof IQ Vivity® GİL'in hastalarınız için yaratabileceği farkı görün.

1.AcrySof® IQ Vivity® Extended Vision Göz İçi Lens Kullanma Kılavuzu.
2. Alcon Data on File. TDOC-0055576. 29-Mar-2019
3. Alcon Data on File. Optical Evaluations of Alcon Vivity®, Symfony*, and Zeiss* AT LARA* IOLs
*Ticari markalar ilgili sahiplerinin mülkiyetindedir.

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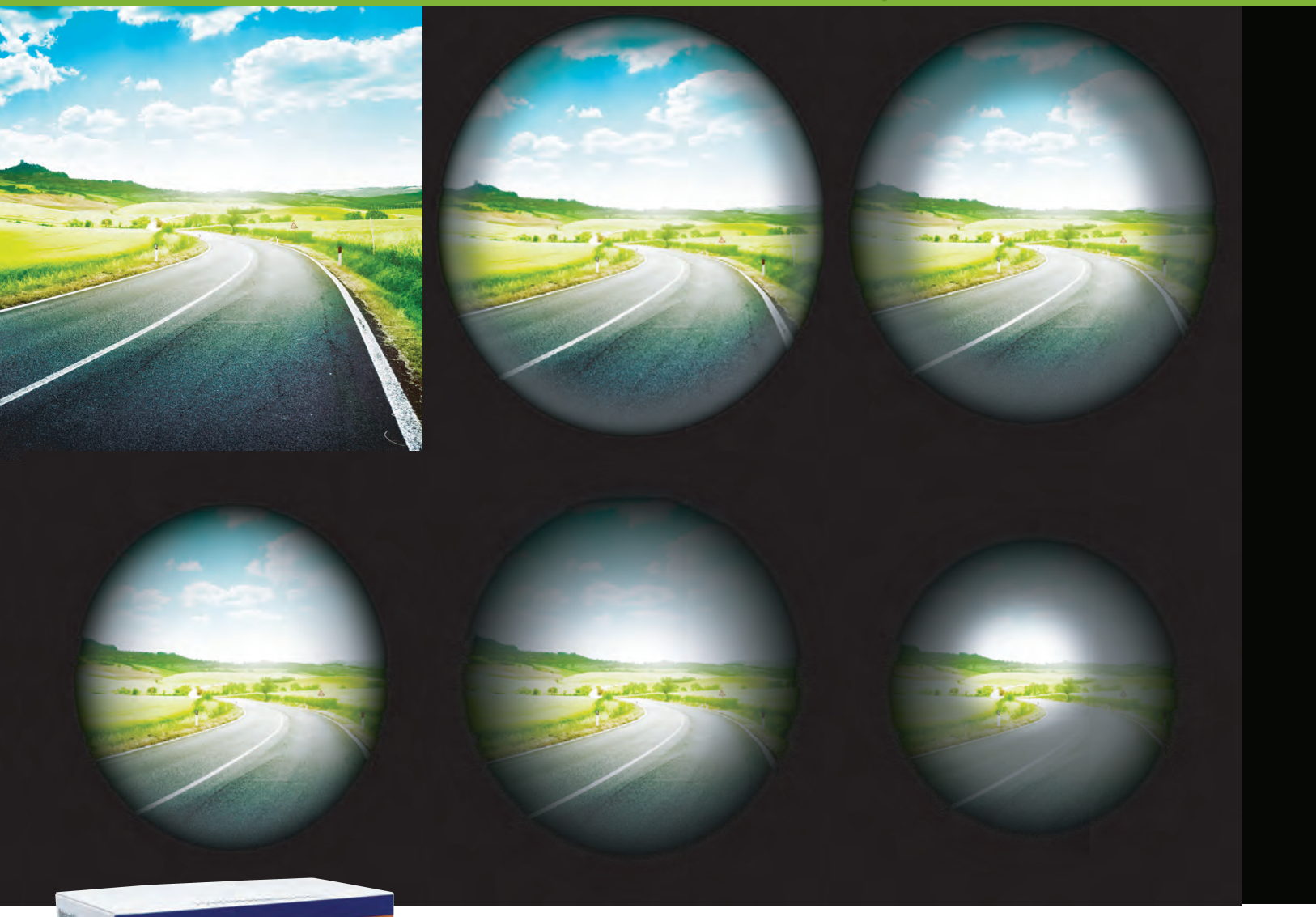

*: Rx Media Pharma İnteraktif İlaç Bilgi Kaynağı

REFERANS: 1- Duosopt KÜB.

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Sunum: Ranibizumab. Bir kullanıma hazır enjektör, 1,65 mg ranibizumaba eşdeğer 0,165 ml içerir. **Endikasyon: LUCENTIS®**, neovasküler (yaş tip) yaşa bağlı makula dejenerasyonunun (YBMD), diyabetik maküler ödemden (DMÖ) kaynaklanan görme bozukluğunun, retinal ven tıkanıklığına (RVT) bağlı maküler ödemden kaynaklanan görme bozukluğunun ve patolojik miyopiye (PM) bağlı koroidal neovaskülarizasyondan (KNV) kaynaklanan görme bozukluğunun tedavisinde endikedir. **Kullanım şekli ve dozu:** Tek kullanımlık kullanıma hazır enjektör sadece intravitreal kullanım içindir. **LUCENTIS®**, bir "göz hastalıkları uzmanı" tarafından uygulanmalıdır. **LUCENTIS®** için önerilen doz 0,5 mg'dır (0,05 ml'de). Kullanıma hazır enjektörün ekstrakte edilebilir hacmi (0,1ml), toplamda kullanılacak hacim değildir. Fazla hacim, enjeksiyondan önce boşaltılmalıdır ve hastaya 0,05 ml uygulanmalıdır. Enjeksiyondan önce yeterli anestezi uygulanmalı ve steril ortam sağlanmalıdır. **Uygulama sıklığı ve süresi:** Tedaviye ayda bir uygulama ile başlanır ve maksimum görme keskinliğine ulaşılana ve/veya hastalık aktivitesi belirtileri görülmeyene yani, devam eden tedavi altında görme keskinliğinde ve diğer hastalık belirti ve semptomlarında bir değişiklik olmayana kadar devam edilir. Yaş tip YBMD, DMÖ ve RVT'li hastalarda başlangıçta üç veya daha fazla ardışık aylık enjeksiyon gerekebilir. Sonrasında, izlem ve tedavi aralıkları hekim tarafından, görme keskinliği ve/veya anatomik parametrelere göre değerlendirilen hastalık aktivitesine göre belirlenmelidir. Hastalar, tedavi-et-uzat rejimine göre tedavi edilebilir. Eğer hekimin görüşüne göre görme ile ilgili ve anatomik parametreler hastanın devam eden tedaviden fayda sağlamadığını gösterirse, **LUCENTIS®** tedavisi kesilmelidir. Hastalık aktivitesi izlemi klinik muayene, fonksiyonel test veya görüntüleme tekniklerini (optik koherens tomografi, fuoresein anjiyografi veya indosiyanin yeşili anjiyografi) içerebilir. Hastalık aktivitesi nüksederse tedavi aralığı uygun şekilde kısaltılmalıdır. PM'ye bağlı KNV'den kaynaklanan görme keskinliğinin tedavisinde birçok hasta ilk yıl sırasında sadece bir ya da iki enjeksiyona ihtiyaç duyarken, bazı hastalar daha sık tedaviye ihtiyaç duyabilir. DMÖ'de ve Dal RVT'de **LUCENTIS®** ve laser fotokoagülasyon: **LUCENTIS®**, klinik çalışmalarda laser fotokoagülasyonla eş zamanlı olarak uygulanmıştır. Aynı gün verilmesi durumunda **LUCENTIS®** laser fotokoagülasyondan en az 30 dakika sonra uygulanmalıdır, **LUCENTIS®**, önceden laser fotokoagülasyonu yapılmış olan hastalara uygulanabilir. **Kontrendikasyonlar:** Etkin maddeye ya da herhangi bir yardımcı maddeye karşı aşırı duyarlılık, aktif ya da şüpheli oküler ya da perioküler enfeksiyonlu hastalar, aktif şiddetli göz içi inflamasyonlu hastalarda kullanımı kontrendikedir. **Uyarılar/önlemler: LUCENTIS®** tedavisi sadece intravitreal enjeksiyon ile yapılır. **LUCENTIS®** ile olanları da içeren intravitreal enjeksiyonlar endoftalmi, göz içi inflamasyonu, regmatojen retina dekolmanı, retina yırtılması ve iyatrojenik travmatik katarakt ile ilişkili olmuştur. **LUCENTIS®** uygulanırken her zaman uygun steril enjeksiyon teknikleri kullanılmalıdır. Ayrıca, bir enfeksiyon oluştuğunda erken tedaviye olanak sağlamak için hastalar enjeksiyonu takip eden hafta sırasında izlenmelidir. Enjeksiyon uygulaması sonrası, göz içi basıncı ve optik sinir bası perfüzyonu izlenmelidir. Tedavi amacıyla kullanılan tüm terapötik proteinlerde olduğu gibi, **LUCENTIS®** için de potansiyel bir immünojenisite söz konusu olabilir. **LUCENTIS®** gerekli olmadıkça gebelik döneminde kullanılmamalıdır. Çocuk doğurma potansiyeli olan kadınlar tedavi süresince etkili bir doğum kontrol yöntemi kullanmalıdır. Tedavi sırasında emzirme önerilmemektedir. **LUCENTIS®** tedavi prosedürü araç ya da makine kullanmayı etkileyebilecek geçici görme bozukluklarını indükleyebilir. Bu belirtiler geçene kadar araç ya da makine kullanmamalıdır. **İlaç etkileşimleri:** İlaç etkileşim çalışması bulunmamaktadır. **Advers reaksiyonlar:** Çok yaygın görülen advers olaylar: Göz ağrısı, göz irritasyonu, gözlerde yabancı cisim hissi, göz kanlanması, konjunktiva kanaması, blefarit, göz kuruluğu, görme bozukluğu, vitreusta uçuşan noktalar, göz içi inflamasyonu, vitreus dekolmanı, vitritis, retina kanaması, gözyaşı artması, göz kaşıntısı, intraoküler basınç artışı, nazofarenjit, eklem ağrısı ve baş ağrısı sayılabilir. **Yaygın görülen advers olaylar:** Gözde rahatsızlık, konjunktiva hiperemisi, konjunktivit, alerjik konjunktivit, arka kapsülde opaklaşma, retina pigment epitel dekolmanı, retina pigment epitelinin yırtılması, retina dejenerasyonu, retina dekolmanı, retina yırtığı, retinal bozukluklar, görme keskinliğinde azalma, vitreal kanama, vitreal bozukluklar, uveit, iritis, iridosiklitis, katarakt, subkapsüler katarakt, punktat keratit, kornea abrazyonu, ön kamarada flare, bulanık görme, enjeksiyon yerinde kanama, göz kanaması, göz akıntısı, fotopsi, fotofobi, göz kapağı ödemi, göz kapağında ağrı, idrar yolu enfeksiyonu (sadece DMÖ hastalarında), anemi, anksiyete, öksürük, bulantı, alerjik reaksiyonlar, influenza, **Doz aşımı ve tedavisi:** Önerilen 0,05 mL'den yüksek hacimlerin enjeksiyonuyla kazayla ortaya çıkan doz aşımı vakaları bildirilmiştir. Eğer bir doz aşımı oluşursa, ilgili hekim tarafından gerekli görülmesi durumunda intraoküler basınç takip edilmeli ve tedavi edilmelidir. Klinik çalışmalarda 0,05 mL ila 0,10 mL'lik bir enjeksiyon hacminde 2 mg'a kadar ranibizumab dozları uygulandığında, advers olayların tipi ve sıklığı 0,5 mg (0,05 mL'de) **LUCENTIS®** dozu için bildirilen doz ile tutarlıdır. **Saklamaya yönelik özel tedbirler:** Buzdolabında (2°C - 8°C) saklayınız, Kullanıma hazır enjektörü içeren açılmamış blister ambalaj, kullanımdan önce oda sıcaklığında (25°C) 24 saate kadar saklanabilir. **Ticari takdim şekli ve KDV Dahil Perakende Satış Fiyatı:** Bir Luer kilit adaptörü dahil, gri bromobütil kauçuk uç kapağı ile beyaz, emniyet-belirteçli sert contadan oluşan bir enjektör kapağı ve bromobütil kauçuk piston tıpasına sahip kullanıma hazır dolu enjektörde (tip I cam) 0,165 ml steril çözelti. Kullanıma hazır enjektörler sadece tek kullanım içindir. 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Aim and Scope

The BEYOGLU EYE JOURNAL is an international periodical published triannually based on independent, unbiased, double-blinded and peer-review principles. Four issues are released every year in March, June, September, and December. The language of publication is English.

The BEYOGLU EYE JOURNAL aims to publish qualified and original clinical, experimental and basic research on ophthalmology at the international level. The journal's scope also covers editorial comments, reviews of innovations in medical education and practice, case reports, scientific letters, educational articles, letters to the editor, articles on publication ethics, technical notes, and reviews.

The target readership includes academic members, specialists, residents, and general practitioners working in the field of ophthalmology.

The editorial and publication processes of the journal are conducted in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the European Association of Science Editors (EASE), and the Committee on Publication Ethics (COPE).

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The requirements for submission of manuscripts and detailed information about the evaluation process are available in the published journal and also as 'Instructions for Authors' on the website (www.beyoglueye.com).

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Manuscripts must be submitted through the journal's website http://www.journalagent.com/beyoglu/. Paper manuscript submissions are not accepted. Full-length papers comprise the major part of each issue. Reviews are accepted for publication only at the invitation of the Editors.

It is the responsibility of the authors to ensure that the English used in their manuscript is correct, both grammatically and stylistically, before submission.

Beyoglu Eye Journal strives to publish papers of high quality regarding clinical research, epidemiology, anatomy, biophysics, biochemistry, developmental biology, microbiology, and immunology related to the eye and vision.

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Full Papers: 5000 words, 8 illustrations / tables

Case Reports: 3500 words, 5 illustrations / tables, max 6 authors

Short Communications: 1500 words, 4 illustrations / tables, max 2 authors

Reviews: 7000 words, 10 illustrations / tables

Case Reports: 4000 words, 8 illustrations / tables

Surgical Techniques: 4000 words, 8 illustrations / tables, max 3 authors

Authors who wish to contribute a review should first contact one of the editors-in-chief, Muhittin Taskapili (mutaskapili@gmail.com).

The journal accepts letters (not to exceed 750 words) only if they concern articles already published in Beyoglu Eye Journal. (max 2 authors)

Announcements of forthcoming meetings, courses, etc., may be published. The editors will also consider special issues containing papers on topics of focus or from a conference.

Each manuscript must be accompanied by a statement indicating that it has not been published elsewhere and that it has not been submitted simultaneously for publication elsewhere. Beyoglu Eye Journal follows the guidelines of the International Committee of Medical Journal Editors, which generally prohibits duplicate publication (http://www.icmje.org/). It is also the responsibility of the lead or corresponding author to indicate on the manuscript title page whether a commercial relationship existed in the form of financial support or personal financial interest. Financial support includes support from a for-profit company in the form of research funding.

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Authors should provide a cover letter that includes the contact details of the corresponding author. Authors should briefly explain why their work is appropriate for Beyoglu Eye Journal.

Manuscript Structure

Submissions need to be of sufficient editing quality that they will be easily interpreted by the readership of the Journal. If submitted work does not meet this standard, it will be returned to the authors. The Journal follows the AMA Manual of Style for manuscripts submitted to biomedical journals.

Set your document as A4 paper, use double line spacing, Times font size 12, number all pages, do not justify the right margin, and do not use line numbers. Save your manuscript as a Word document (.doc, .docx, or previous).

Structure your manuscript file as follows: Title page, Abstract and key words, Text, Acknowledgments, References, Tables, Figure legends.

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- Institutional affiliation of each author, using superscripts and not symbols (e.g., Alper Agca1).
- Corresponding author's information (full mailing address, phone and fax numbers, email address); this is usually the submitting author.
- Clinical trial protocol number when submitting a clinical trial protocol.
- Online-only supplementary material, with a short description.

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References. References should be identified in the text with Arabic numerals and numbered in the order cited. All references should be compiled at the end of the article in the Vancouver style.

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Examples.

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Journal article (print, more than six authors): Ozkaya A, Alagoz C, Garip R, et al. The role of indocyanine angiography imaging in further differential diagnosis of patients with nAMD who are morphologically poor responders to ranibizumab in a real-life setting. Eye (Lond) 2016;30:958-65.

Book: Bill A, Maepea O. Mechanisms and Routes of Aqueous Humor Drainage. Philadelphia: WB Saunders; 1975.

Contribution to a Book: Farris RL. Abnormalities of the tears and treatment of dry eyes. In: Kaufman HE, Barron BA, McDonald MB, editors. The Cornea. 2nd ed. Boston, MA: Butterworth-Heinemann; 1998.

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Ethics and Policies

Ethical Responsibilities and Policies

Publication Ethics

The Beyoglu Eye Journal applies standards throughout the publication process to further our goal of sharing high-quality, objective, reliable, and useful information. We implement these processes to ensure appropriate support for our authors and their institutions, as well as our readers. It is crucial that all of the stakeholders in the process (authors, readers and researchers, publishers, reviewers, and editors) comply with ethical principles.

The Beyoglu Eye Journal is an open access publication and follows the guidelines and policies published by the Committee on Publication Ethics (COPE) (https://publicationethics.org). We expect all participants to observe the ethical responsibilities presented below.

Author's Responsibilities

- Studies submitted for publication must be original works of the author. References to other studies must be cited and/or quoted completely and accurately;
- Only those who provide a substantial intellectual contribution to the content of the work may be cited as an author. Other contributors may be recognized with acknowledgements at the conclusion of the article;
- Competing interests or relationships that may constitute a conflict of interest must be declared and explained in all studies submitted for publication;
- Authors must be able to provide documentation showing that they have the right to use the data analyzed, the necessary permissions related to the research, and any appropriate consent;
- Raw data used in the article must be available and may be requested from the author(s) within the framework of the evaluation process;
- In the event the author(s) notice an error at any point in the publication process or after publication, they have the obligation to inform the journal editor or publisher and cooperate in appropriate corrective action;
- Authors may not submit their article for publication to more than one journal simultaneously. Each application must be initiated following the completion of any previous effort. The Beyoglu Eye Journal will not accept previously published articles;
- Changes in authorship designation (such as adding authors, changing the printed order of the authors, removing an author) once the evaluation process has begun will not be accepted in order to protect all parties involved.

Editor's Role and Responsibilities

General Duties

The editor is responsible for everything published in the journal. In the context of this responsibility, editors have the following duties and obligations:

- Endeavor to meet the needs of readers and authors;
- Maintain continuous development to improve the quality of the journal;
- Consistently work to ensure quality;
- Support freedom of thought;
- Ensure academic integrity;
- Prevent business needs from compromising intellectual and ethical standards;
- Demonstrate clarity and transparency with any necessary corrections or explanations.

Reader Relationship

The editor is to make publication decisions based on expectations of suitable and desirable material. Studies accepted for publication must be original contributions that benefit the reader, researcher, practitioner, and the literature. In addition, editors are obliged to take into account feedback from readers, researchers, and practitioners, and to provide an informative response. Readers will also be informed of any funding provided to support published research.

Author Relationship

- The decision to accept an article is to be based on the importance, original value, validity, and clarity of expression of the work, and the goals and objectives of the journal;
- Studies accepted for evaluation and publication will not be withdrawn unless serious problems are identified;
- The editor will not disregard positive reviewer comments unless there is a serious problem with the study;
- New editors will not change publishing decisions made by previous editor(s) unless there is a serious problem;
- A description of the submission and evaluation process is publicly available;
- Authors are provided with descriptive and informative feedback.

Reviewer Relationship

- Reviewers are to be selected according to the subject of the study;
- Information and guidance for the evaluation phase is provided;
- Any conflicts of interest between authors and reviewers will be disclosed and managed appropriately;
- Reviewer identity is to be kept confidential to preserve a blind review process;
- Reviewers are to evaluate the study using unbiased, scientific, and constructive comments. Unkind or unscientific commentary will not be permitted;
- Reviewers will be evaluated using criteria such as timely response and quality of observations;
- The pool of reviewers is to be assessed and supplemented regularly to ensure a broad scope of expertise.

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The editor works with the members of the editorial board to ensure that they are familiar with journal policies and developments in regular meetings and announcements, and will provide training for new members and assistance to board members during their tenure in their role as a supporter of the journal.

- Editorial board members must be qualified and able to contribute to the journal;
- Members of the editorial board must evaluate studies impartially and independently;
- Editorial board members with the appropriate expertise will be given the opportunity to evaluate suitable articles;
- The editor will maintain regular contact with the editorial board and hold regular meetings regarding the development of editorial policies and other aspects of journal management.

Relations with the Owner of the Journal and the Publisher

The relationship between the editors and the publisher/journal owner is based on the principle of editorial independence and stipulated by contract.

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The editor will apply the publicly defined publication policies created and enforced to ensure a timely and impartial evaluation process for all submissions.

Quality Assurance

The editor is responsible for confirming that the The Beyoglu Eye Journal publishing policies and standards are upheld for all articles.

Protection of Personal Data

The editor is obliged to ensure the protection of personal data related to subjects or images included in published work. Explicit documented consent of the individuals referenced in the research is required before the study will be accepted. The editors is also responsible for protecting the individual data of authors, reviewers, and readers.

Ethics Committee, Human and Animal Rights

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Measures Against Potential Misconduct

The editor must take action against any allegations of possible misconduct. In addition to conducting a rigorous and objective investigation of complaints, the editor is expected to share the findings and conclusions.

Maintaining Academic Publication Integrity

The editor is expected to ensure that any errors, inconsistencies, or misleading statements are corrected quickly and appropriately acknowledged.

Protection of Intellectual Property Rights

The editor is obliged to protect intellectual property and to defend the rights of the journal and author(s). In addition, the editor is to take the necessary measures to prevent any violation of the intellectual property rights of others in journal publications.

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- Constructive criticism is to be encouraged;
- Authors will be given the opportunity to reply to criticism;
- Negative results will not be a reason for submission denial.

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Editors are to respond to all complaints in a timely and comprehensive manner.

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Peer review of research embodies the scientific method, subjecting the work to the rigorous scrutiny of knowledgeable colleagues. The rigor of the review process directly affects the quality of the literature; it provides confidence in an objective and independent evaluation of the published work. The Beyoglu Eye Journal uses a double-blind review process. All comments and the evaluation are transmitted through the journal management system. Reviewers should:

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- Use thoughtful and constructive language. Hostile or derogatory comments are not acceptable;
- Report any potentially unethical behavior or content to kare@karepb.com via e-mail.

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