1) What questions(s) does the paper address? *Put another way, why was the study performed?*

In spite of the fact that trachomatous trichiasis is known to be the leading infectious cause of blindness in the world, particularly in underdeveloped countries, barriers exist that prevent a sizeable number of patients from seeking corrective surgery for the condition. Specifically, between April and August of 2015, a percentage of patients in the Kongwa region of Tanzania declined corrective surgery in spite of its known benefits related to vision restoration or preservation. Investigators sought to identify the most prominent barriers (e.g. psychosocial, financial, educational, etc.) to the treatment from those who declined it in 2015. Furthermore, they sought to determine why "acceptors" of the surgical treatment were motivated to do so.

Commented [A1]: caused by what?

2) What are the main conclusions of the paper?

Investigators determined that several barriers existed in the group of patients that declined surgical treatment. In general, they could be placed into a few categories, including psychological (fear of the surgery); social (lack of access to care, no social support, lack of child care); financial (cost, loss of income and work time during recovery); and educational (misinformation, misunderstanding risks and benefits). Researchers identified financial issues as one of the major barriers to treatment in those declining corrective surgery. Essentially, these patients believed that treatment costs and loss of income during recovery were unacceptable. Thus, they declined treatment on that basis. Fear of the procedure constituted another major barrier to treatment in this population. Interestingly, however, researchers also identified fear as a prime motivator for patients who did undergo surgery. Specifically, those patients feared the loss of their vision and underwent corrective treatment. Finally, investigators identified misinformation as an overarching barrier to treatment. They discovered that many potential patients harbored incorrect information about their illness, its long-term effects, and the proposed surgical treatment. For example, many of the non-acceptors of treatment harbored the incorrect belief that treatment involved a direct cost to them when, in fact, it was offered free of charge. In another example, some non-acceptors believed that they could address the illness on their own without professional medical intervention. Researchers concluded that more frequent, targeted education sessions would be necessary to address each of these barriers.

Commented [A2]: direct versus indirect costs

6) Why are the conclusions important?

Commented [A3]: Well done, key points addressed. Could the conclusions be extended to other surgical intervention scenarios in resource poor environments?

As previously stated trachomatous trichiasis is known to be the primary infectious cause of blindness worldwide, particularly in developing countries. Additionally, the problem has a recognized surgical treatment supported and endorsed by the World Health Organization. Yet, problems with surgical uptake (i.e. seeking and utilizing surgical treatment) remain owing to several barriers to care. The conclusions herein are important because they aid in further delineating the exact nature of those barriers. In other words, this research permitted investigators to determine the most common reasons why infected patients would or would not seek surgical treatment. Obviously, this permits investigators to overhaul existing health education initiatives such that misconceptions about the illness and its treatment can be corrected. It is reasonable to assume from this research that targeted, frequent patient education delivered in non-medical terms by native speakers may reduce barriers and enhance uptake of sight-restorative surgery in those afflicted with trachomatous trichiasis.