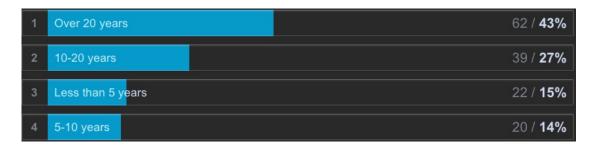
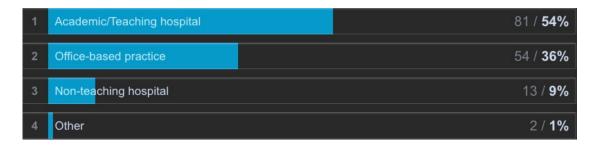
Supplementary material

Figure 1: Survey questions and responses

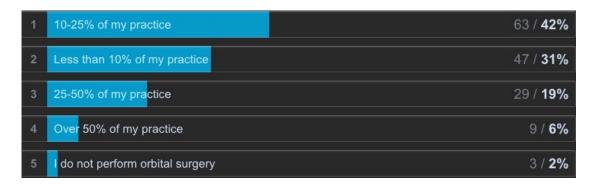
1. How long have you been in attending/staff/consultant (non-training) practice?



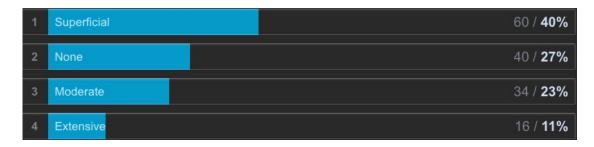
2. Your practice is predominantly (over 50%):



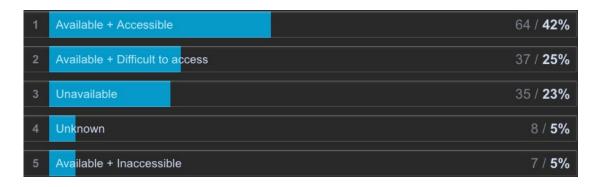
3. Orbital surgery makes up:



4. How would you describe your current experience with Computer-Assisted Surgery (CAS)?



5. How would you describe your current access to CAS?



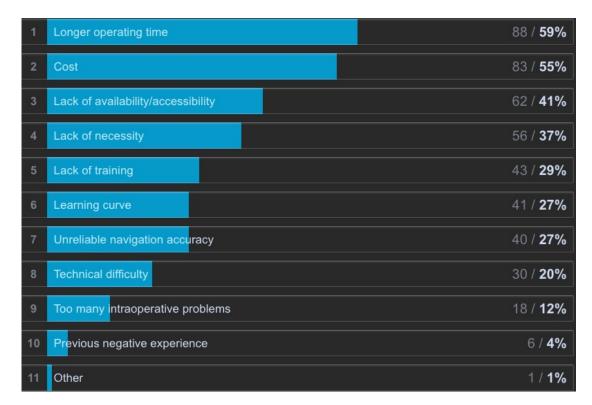
6. How often do you use CAS for orbital surgery?

1	Rarely (1-10% of cases)	65 / 43%
2	Never	63 / 42%
3	Sometimes (11-30% of cases)	12 / 8%
4	Often (31-50% of cases)	7 / 5%
5	Almost always (76-100% of cases)	2 / 1%
6	Usually (51-75% of cases)	2 / 1%

7. In which cases do you feel CAS is most useful/could be useful in orbital surgery?

1	Posterior orbital surgery (post-equatorial or apical surgery)	97 / 69%
2	Orbital decompression	74 / 53%
3	Cases with abnormal anatomy	70 / 50%
4	Removal of orbital foreign body	65 / 46%
5	Revision surgery	33 / 24%
6	Orbital fracture repair	31 / 22%
7	Other	7 / 5%
8	Anterior orbital surgery (pre-equatorial)	6 / 4%

8. The (potential) weaknesses of CAS in orbital surgery are (choose up to 3):



9. The (potential) advantages of CAS in orbital surgery are (choose up to 3):

1	Improved accuracy in attaining surgical end-point(s)		/ 83%
2	Patient safety	96	/ 65%
3	Surgeon confidence	79	/ 54%
4	Modification of surgical approach	36	/ 24%
5	Reduced overall operating time	1;	3 / 9%
6	Other		4 / 3%

10. The following factors may influence my future use of CAS in orbital surgery (choose up to 3):

