

# Supplementary material

Figure 1: Survey questions and responses

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

1	Over 20 years	62 / 43%
2	10-20 years	39 / 27%
3	Less than 5 years	22 / 15%
4	5-10 years	20 / 14%

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

1	Academic/Teaching hospital	81 / 54%
2	Office-based practice	54 / 36%
3	Non-teaching hospital	13 / 9%
4	Other	2 / 1%

3. Orbital surgery makes up:

1	10-25% of my practice	63 / 42%
2	Less than 10% of my practice	47 / 31%
3	25-50% of my practice	29 / 19%
4	Over 50% of my practice	9 / 6%
5	I do not perform orbital surgery	3 / 2%

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

1	Superficial	60 / 40%
2	None	40 / 27%
3	Moderate	34 / 23%
4	Extensive	16 / 11%

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

1	Available + Accessible	64 / 42%
2	Available + Difficult to access	37 / 25%
3	Unavailable	35 / 23%
4	Unknown	8 / 5%
5	Available + Inaccessible	7 / 5%

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

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

1	Longer operating time	88 / <b>59%</b>
2	Cost	83 / <b>55%</b>
3	Lack of availability/accessibility	62 / <b>41%</b>
4	Lack of necessity	56 / <b>37%</b>
5	Lack of training	43 / <b>29%</b>
6	Learning curve	41 / <b>27%</b>
7	Unreliable navigation accuracy	40 / <b>27%</b>
8	Technical difficulty	30 / <b>20%</b>
9	Too many intraoperative problems	18 / <b>12%</b>
10	Previous negative experience	6 / <b>4%</b>
11	Other	1 / <b>1%</b>

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

1	Improved accuracy in attaining surgical end-point(s)	122 / <b>83%</b>
2	Patient safety	96 / <b>65%</b>
3	Surgeon confidence	79 / <b>54%</b>
4	Modification of surgical approach	36 / <b>24%</b>
5	Reduced overall operating time	13 / <b>9%</b>
6	Other	4 / <b>3%</b>

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

1	Demonstrated benefit to the patient	85 / <b>58%</b>
2	Improved intraoperative accuracy	69 / <b>47%</b>
3	Improved availability/accessibility	67 / <b>46%</b>
4	Reduced setup time	65 / <b>45%</b>
5	Reduction in cost	60 / <b>41%</b>
6	Reduction in total operating time	60 / <b>41%</b>
7	Improved training	35 / <b>24%</b>
8	Other	1 / <b>1%</b>