

Appendix 1: Complete survey questions with response options

1. How many years have you been practicing as a consultant Ophthalmologist?

- 0-5
- 6-10
- 11-15
- 16-20
- >20

2. Did you undergo formal glaucoma fellowship training (or equivalent)?

- Yes
- No

3. Which region (in the UK) are you based in?

- South East
- South West
- Wales
- Midlands
- North West
- North East
- Scotland
- Northern Ireland

4. What has been your main 'established' (non-MIGS) glaucoma procedure for POAG (primary open angle glaucoma) 'pre-COVID'? ('established' refers to your traditional treatment of choice, please choose one)

- Trabeculectomy

- Deep sclerectomy
- Visco canalostomy
- Canaloplasty
- Glaucoma Drainage Device (tube) surgery
- Transcleral Cyclo diode
- Other (please specify)

5. Did you perform MIGS procedures pre-COVID?

- Yes
- No

6. What MIGS procedures had you performed in the 12 months preceding COVID measures?

- iStent Inject
- iStent G1
- Hydrus
- XEN 45
- Preserflo (Innfocus)
- Trabectome
- Kahook Dual Blade
- HIFU
- I did not do any MIGS

7. What was your main preferred choice of anaesthesia for 'established' procedures pre-COVID?

- Topical (+/- sedation)
- Subtenon (+/- sedation)
- Peribulbar (+/- sedation)
- General (+/- sedation)

8. What was your main preferred choice of anaesthesia for MIGS procedures pre-COVID?

- Topical (+/- sedation)
- Subtenon (+/- sedation)
- Peribulbar (+/- sedation)
- General (+/- sedation)

9. Of the total number of surgical cases for POAG you have performed in the 12 months preceding COVID measures, what percentage of the procedures were MIGS, trabeculectomy, Non-penetrating surgeries, Glaucoma Drainage (Tube) implant, others?

- 0%
- 1-25%
- 25-50%
- 50-75%
- 75-100%

10. Have you modified your glaucoma surgery practices since the start of the COVID-19 pandemic?

- No (skip questions 11-13)
- Yes

11. If you have reduced/restricted the number/type of procedures which ones did you reduce/restrict?

- Free text response

12. If you have changed choice of procedure altogether, which procedures did you opt for?

- Free text response

13. What was the reasoning behind the changes in type of procedure?

- Less post-operative follow-up
- Better safety profile
- Better efficacy profile
- More established long-term
- Outcomes
- Shorter duration of surgery
- Type of anaesthesia required
- Less post-operative interventions required
- Other (please specify)

14. Has your main preferred choice of anaesthesia changed during COVID-19 times?

- No
- Yes, now mainly local without sedation
- Yes, now mainly local with sedation
- Yes, now mainly general
- Yes, now exclusively local – no sedation
- Yes, now exclusively local - +/- sedation
- Yes, now exclusively general

15. Do you consider standalone glaucoma surgery (ie not combined with phacoemulsification) to be an aerosol generating procedure (AGP)?

- Yes
- No

16. If you answered yes to Q15, which procedures do you consider as AGPs?

- Trabeculectomy
- Deep sclerectomy
- Visco canalostomy
- Canaloplasty
- Glaucoma Drainage Device (tube) surgery
- MIGS
- Not Applicable
- Other (please specify)

17. Do you think that your recent switches/changes in choice of procedure will affect your choice of glaucoma surgery post-COVID?

- No – I will revert back to what I was doing pre-COVID
- Yes – to a minor degree
- Yes – to a significant degree
- Yes – I will completely adopt my new surgical algorithm
- I have not changed my choice of procedures due to COVID