

eTables

eTable 1: Details of cases where nasal transposition of the split lateral rectus muscle (NTSLR) plus an ipsilateral augmentative surgery affecting horizontal eye alignment was performed. A minus number in the deviations columns indicates esotropia.

Abbreviations: PD – prism diopters; Y – yes; N – no; MR – medial rectus muscle; mm – millimeters; SO – superior oblique muscle.

Case	Etiology	Other surgery affecting horizontal eye alignment	Pre-operative horizontal deviation (PD)	Post-operative horizontal deviation (PD)	Success (Y/N)	Complication
1	Neoplastic	Fascia lata lengthening	45	0	Y	Superior half of LR was pulled in two
2	Traumatic	Fascia lata lengthening	45	45	N	Inferior half of LR was pulled in two
3	Other	MR tuck 7.0 mm	214	14	Y	None
4	Ischemic	MR tuck 10.0 mm	115	-14	Y	None
5	Post neurosurgical	MR tuck 10.0 mm	90	7	Y	Serous retinal detachment
6	Neoplastic	MR tuck 12.0 mm	119	0	Y	Globe compression noted with muscle transposition
7	Other	MR resection 3.0 mm	90	16	N	Difficulty with LR muscle splitting
8	Neoplastic	MR resection adjustable; SO transposition	80	-2	Y	None
9	Traumatic	MR resection adjustable; SO transposition	50	4	Y	None
10	Post neurosurgical	SO transposition	90	6	Y	None

eTable2: Success of nasal transposition of the split lateral rectus muscle surgery alone when used for correction of exotropia associated with 3rd-nerve palsy.

<i>Etiology of 3rd-nerve palsy</i>	<i>N (% total)</i>	<i>Success (%)</i>
<i>Congenital</i>	31 (31.6)	23 (73.2)
<i>Neoplastic</i>	16 (16.3)	10 (62.5)
<i>Traumatic</i>	15 (15.3)	7 (46.7)
<i>Post neurosurgical</i>	8 (8.2)	8 (100.0)
<i>Ischemic</i>	7 (7.1)	4 (57.1)
<i>Aneurysmal</i>	3 (3.1)	1 (33.3)
<i>Other/unclassified</i>	18 (18.4)	15 (83.3)
Total	98 (100)	68 (69.4)