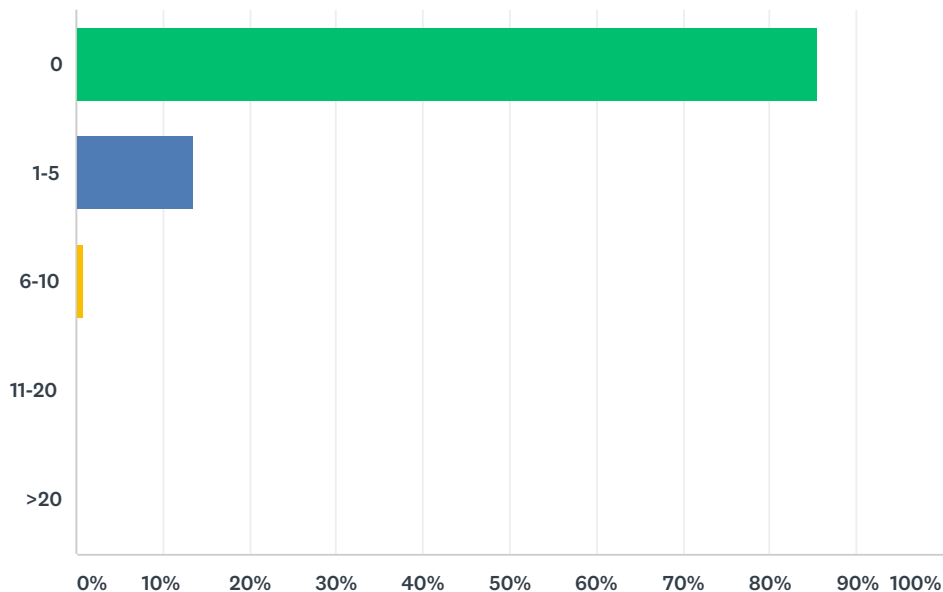


# Q1 How many ocriplasmin injections have you performed (or under your direction) in the last year since BEAVRS ocriplasmin survey (published Eye Jan 2017)

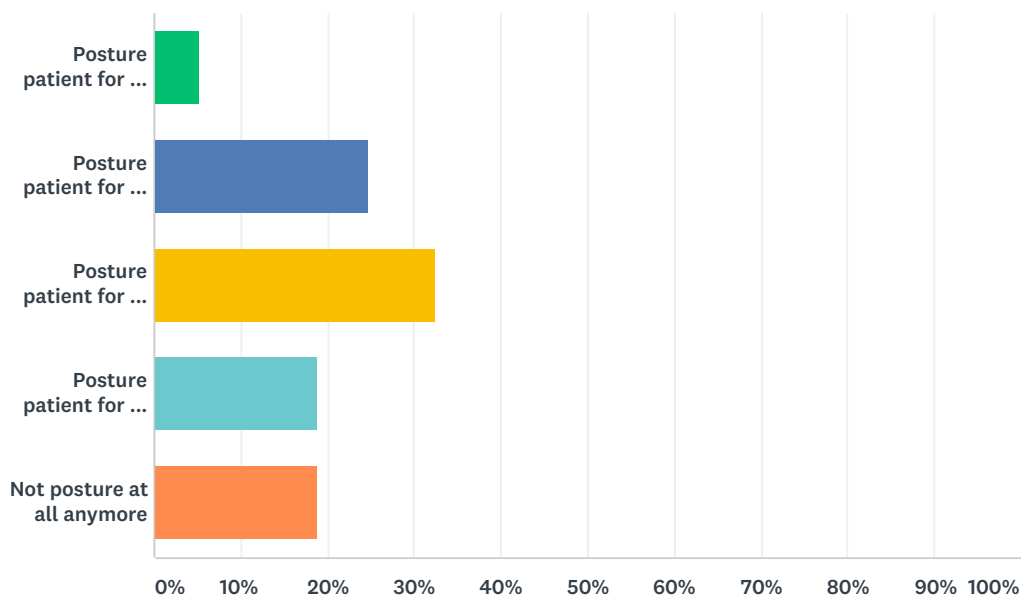
Answered: 117 Skipped: 0



ANSWER CHOICES	RESPONSES	
0	85.47%	100
1-5	13.68%	16
6-10	0.85%	1
11-20	0.00%	0
>20	0.00%	0
Total Respondents: 117		

## Q2 With regards to posturing, following macular hole <400mcm MLD surgery, do you

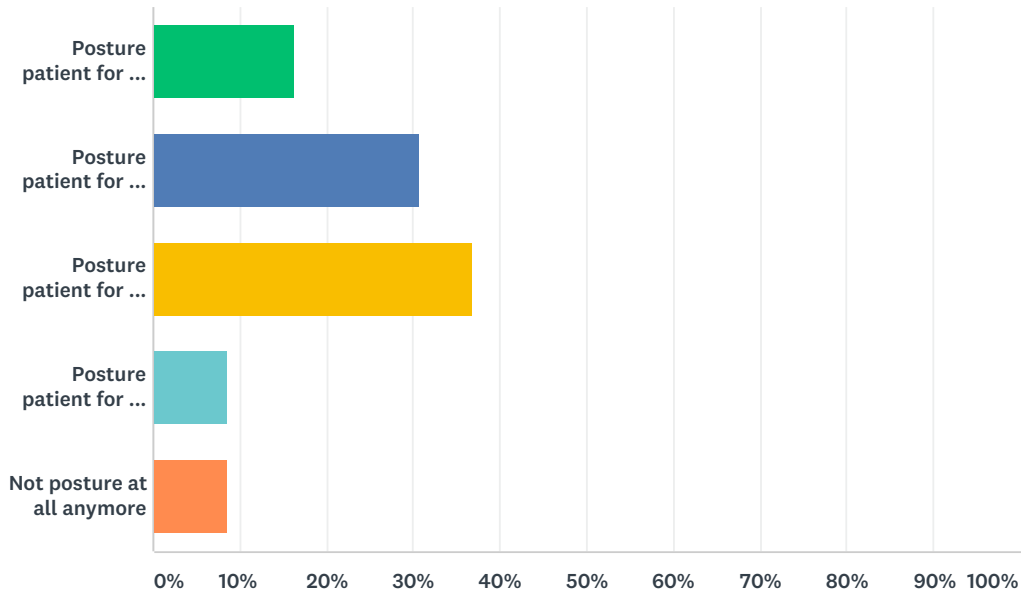
Answered: 117 Skipped: 0



ANSWER CHOICES	RESPONSES	
Posture patient for 1 week or more	5.13%	6
Posture patient for 5-6 days	24.79%	29
Posture patient for 2-4 days	32.48%	38
Posture patient for 1 day only (includes 1st night only)	18.80%	22
Not posture at all anymore	18.80%	22
Total Respondents: 117		

Q3 With regards to posturing, following macular hole 500-1000mcm MLD surgery, do you

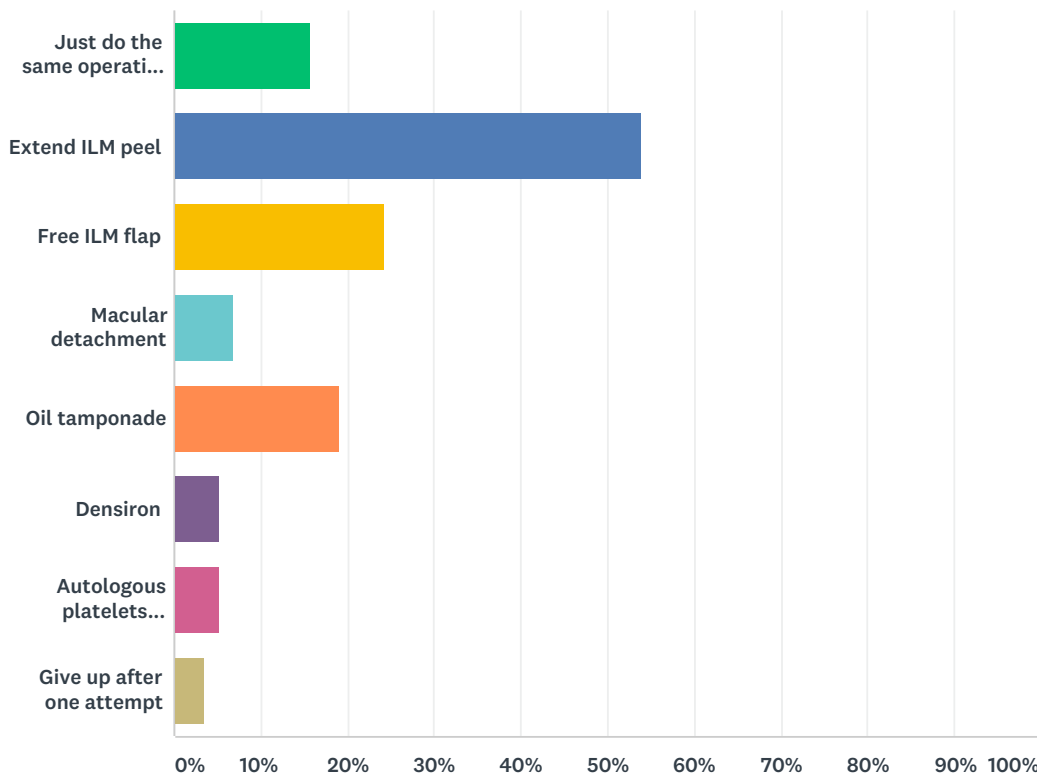
Answered: 117    Skipped: 0



ANSWER CHOICES	RESPONSES	
Posture patient for 1 week or more	16.24%	19
Posture patient for 5-6 days	30.77%	36
Posture patient for 2-4 days	36.75%	43
Posture patient for 1 day only (includes 1st night only)	8.55%	10
Not posture at all anymore	8.55%	10
Total Respondents: 117		

## Q4 Failed macular hole surgery. Options for second attempt

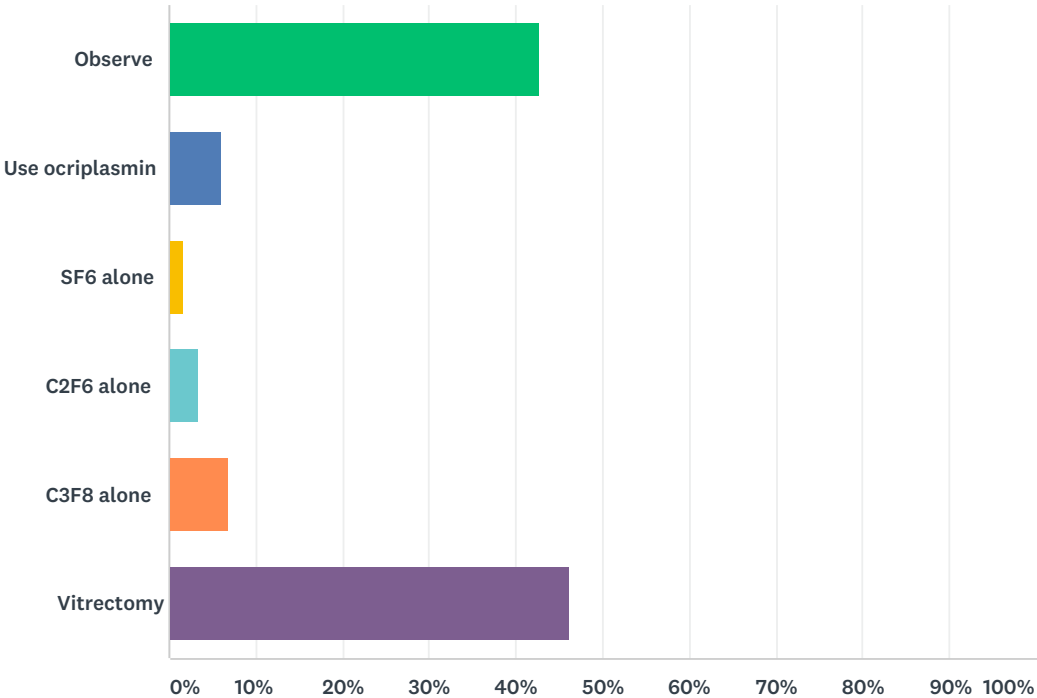
Answered: 115 Skipped: 2



ANSWER CHOICES	RESPONSES	
Just do the same operation as the first time	15.65%	18
Extend ILM peel	53.91%	62
Free ILM flap	24.35%	28
Macular detachment	6.96%	8
Oil tamponade	19.13%	22
Densiron	5.22%	6
Autologous platelets /plasma	5.22%	6
Give up after one attempt	3.48%	4
Total Respondents: 115		

Q5 If you had an idiopathic, symptomatic VMT which treatment would you initially opt for

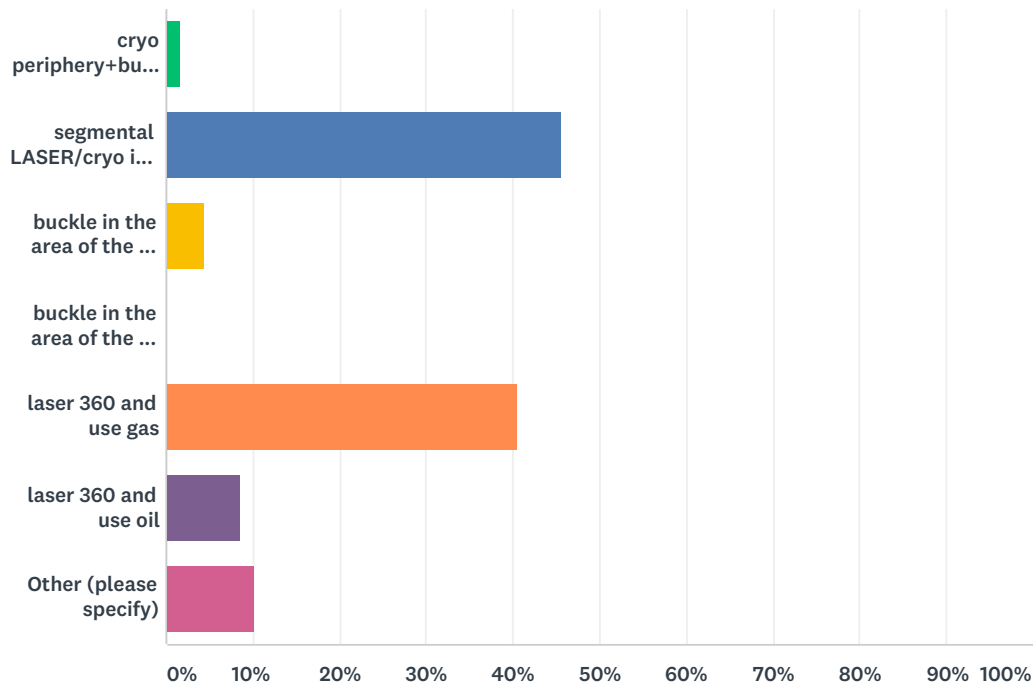
Answered: 117   Skipped: 0



ANSWER CHOICES	RESPONSES	
Observe	42.74%	50
Use ocriplasmin	5.98%	7
SF6 alone	1.71%	2
C2F6 alone	3.42%	4
C3F8 alone	6.84%	8
Vitrectomy	46.15%	54
Total Respondents: 117		

## Q6 If you are operating a RRD and you don't find a break intraoperatively (after subretinal blue) during vitrectomy what do you do

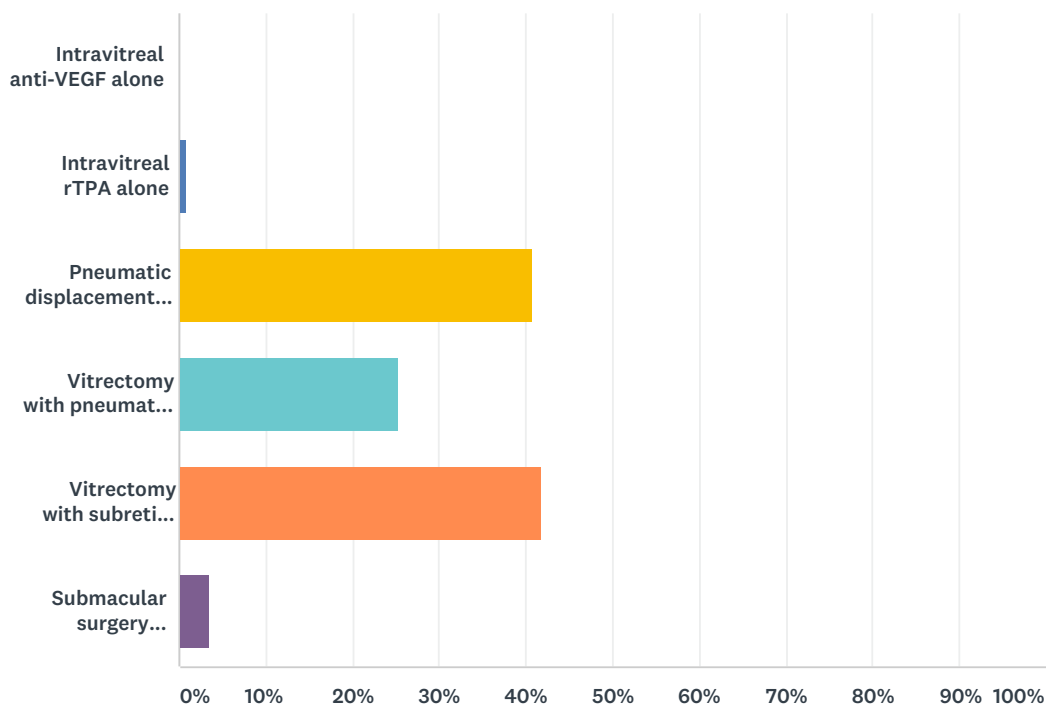
Answered: 116 Skipped: 1



ANSWER CHOICES	RESPONSES	
cryo periphery+buckle only	1.72%	2
segmental LASER/cryo in area of RD + tamponade	45.69%	53
buckle in the area of the RD, laser and gas tamponade	4.31%	5
buckle in the area of the RD, laser and silicone oil tamponade	0.00%	0
laser 360 and use gas	40.52%	47
laser 360 and use oil	8.62%	10
Other (please specify)	10.34%	12
Total Respondents: 116		

**Q7 Assuming you would operate and not just observe : In the case of an acute large (whole macular area) submacular haemorrhage secondary to an age-related CNVM with moderate vision before the haemorrhage.**  
**Would you consider**

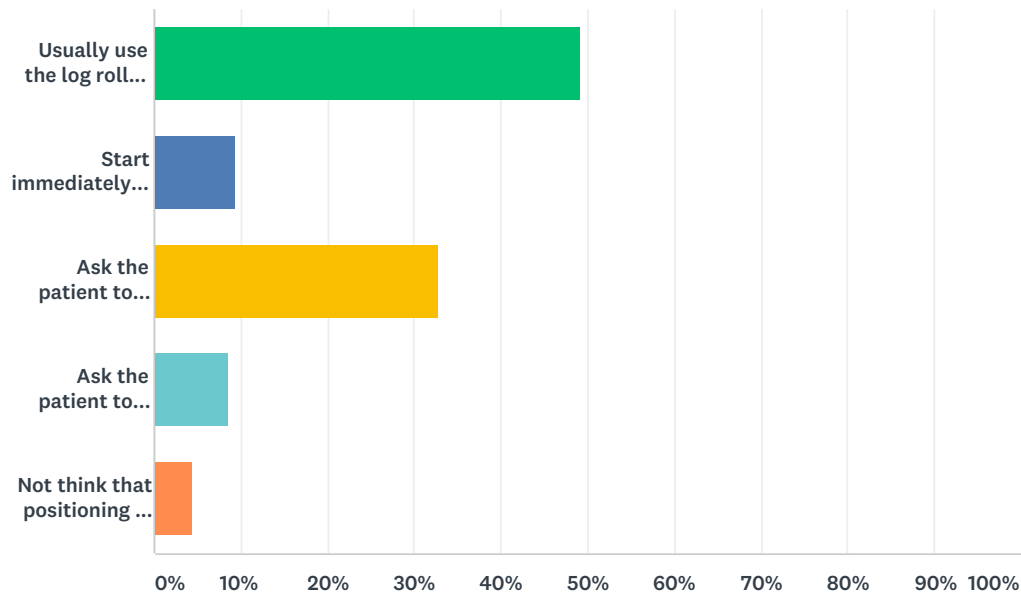
Answered: 115 Skipped: 2



ANSWER CHOICES	RESPONSES	
Intravitreal anti-VEGF alone	0.00%	0
Intravitreal rTPA alone	0.87%	1
Pneumatic displacement +/- intravitreal rTPA or anti-VEGF	40.87%	47
Vitrectomy with pneumatic displacement +/- intravitreal rTPA or anti-VEGF	25.22%	29
Vitrectomy with subretinal rTPA +/- anti-VEGF	41.74%	48
Submacular surgery evacuating haemorrhage through a retinotomy +/- rTPA/anti-VEGF	3.48%	4
Total Respondents: 115		

## Q8 With regards to posturing the patient with a fovea just involved RD (lapping), after vitrectomy - do you

Answered: 116 Skipped: 1

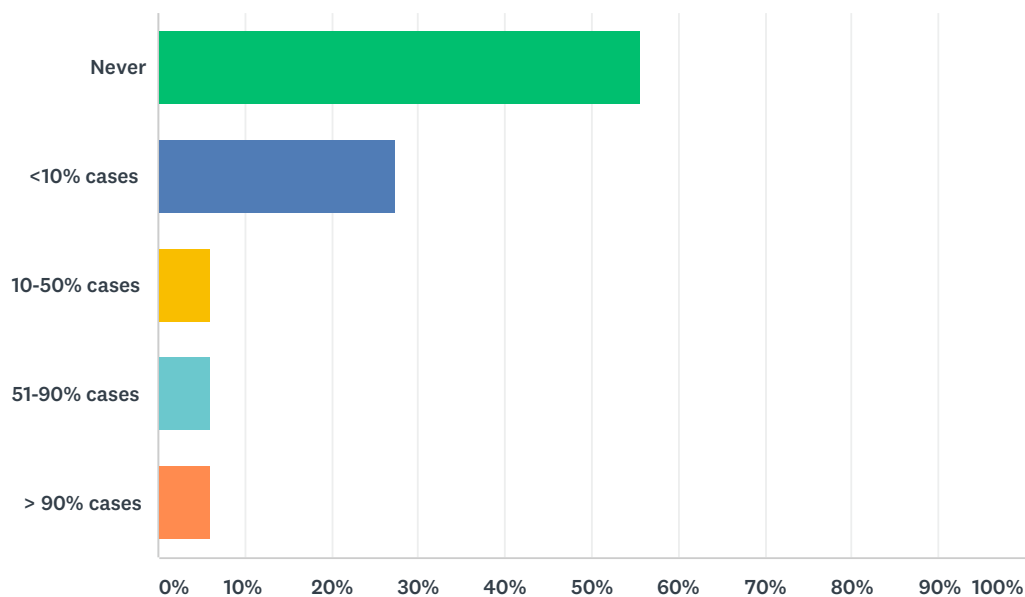


ANSWER CHOICES	RESPONSES	
Usually use the log roll technique	49.14%	57
Start immediately with posturing patient on the opposite side of main break(s)	9.48%	11
Ask the patient to position prone	32.76%	38
Ask the patient to position supine	8.62%	10
Not think that positioning is important	4.31%	5
Total Respondents: 116		



## Q9 With regards to cryo and buckle surgery, how often do you perform it under local anaesthesia?

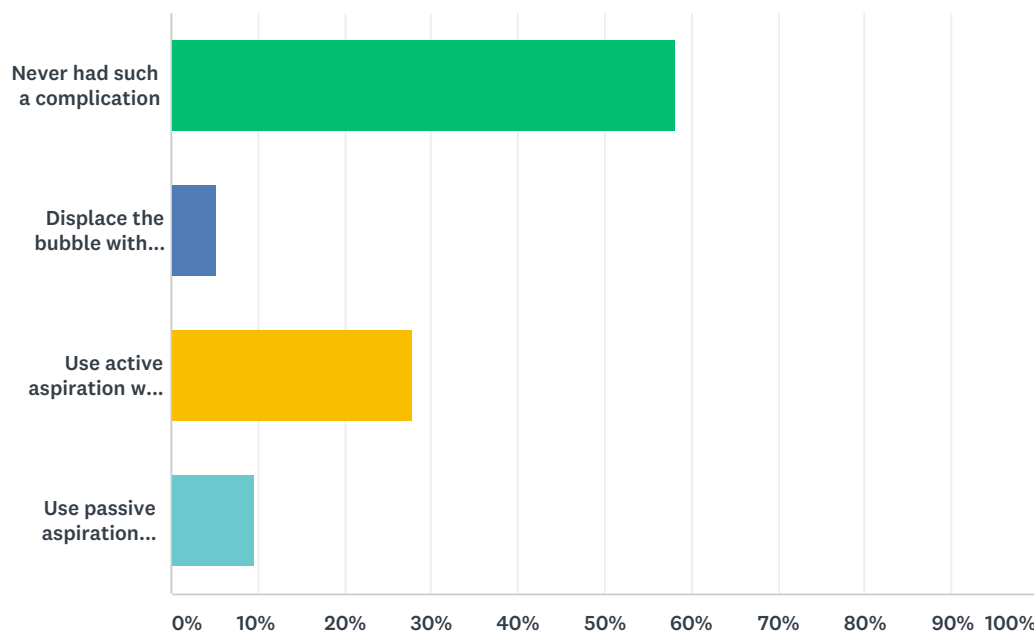
Answered: 117 Skipped: 0



ANSWER CHOICES	RESPONSES	
Never	55.56%	65
<10% cases	27.35%	32
10-50% cases	5.98%	7
51-90% cases	5.98%	7
> 90% cases	5.98%	7
Total Respondents: 117		

## Q10 If you have ever needed to remove submacular PFCL, what do you do

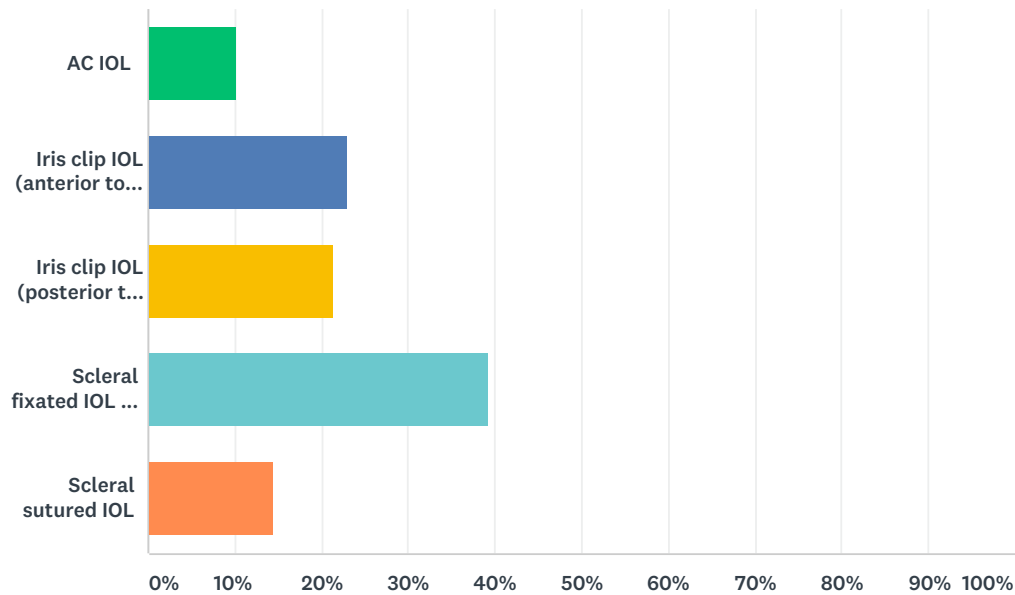
Answered: 115 Skipped: 2



ANSWER CHOICES	RESPONSES	
Never had such a complication	58.26%	67
Displace the bubble with infusion of saline, detaching the retina	5.22%	6
Use active aspiration with a small gauge needle (41G or similar)	27.83%	32
Use passive aspiration using heavy liquid and a small gauge needle	9.57%	11
Total Respondents: 115		

# Q11 What is your preferred option for aphakic correction in a 25yr old post trauma who cannot tolerate CLs (no residual capsule support)

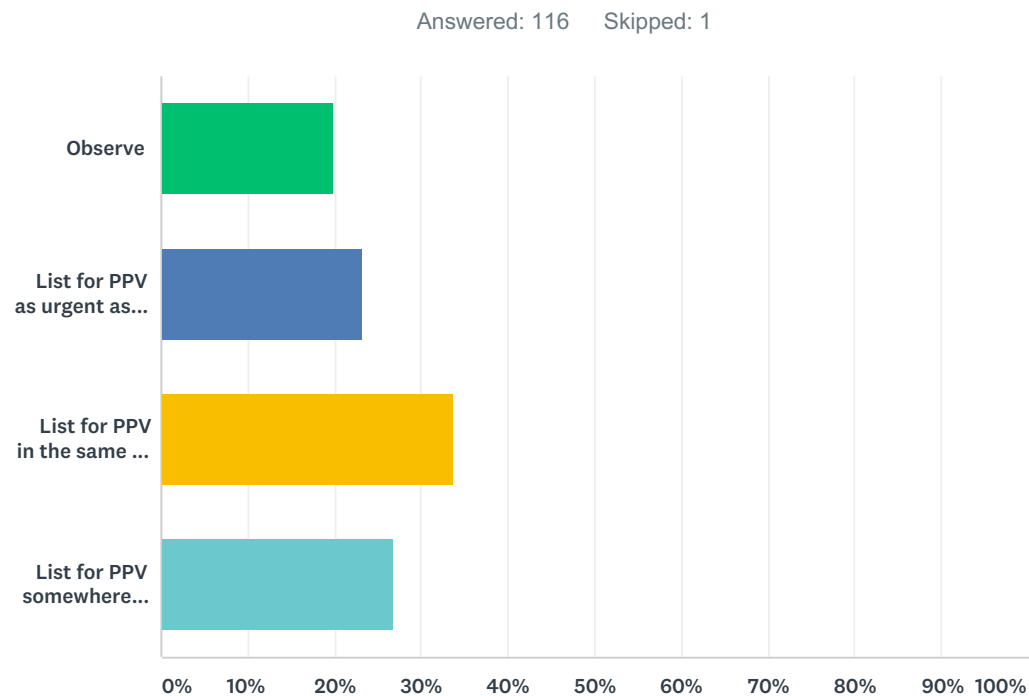
Answered: 117 Skipped: 0



ANSWER CHOICES	RESPONSES	
AC IOL	10.26%	12
Iris clip IOL (anterior to iris)	23.08%	27
Iris clip IOL (posterior to iris)	21.37%	25
Scleral fixated IOL ( eg scleral tunnels, no suture)	39.32%	46
Scleral sutured IOL	14.53%	17
Total Respondents: 117		

Q12 Non-proliferative vitreous haemorrhage (eg in a diabetic with known retinopathy) with no fundal view: B-scan normal (by whomever does scan; expert ultrasonographer or you) in 60 yr old man with normal other eye.

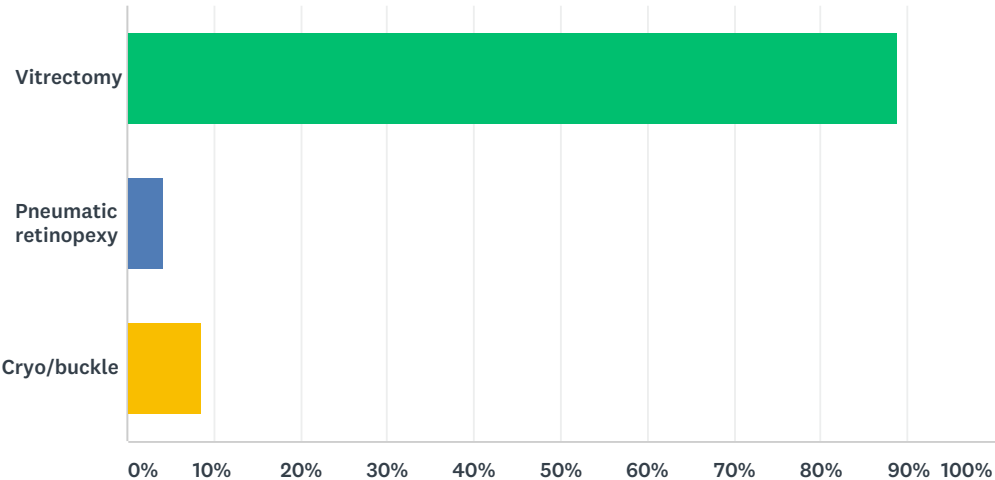
Do you



ANSWER CHOICES	RESPONSES	
Observe	19.83%	23
List for PPV as urgent as mac on RD	23.28%	27
List for PPV in the same way you would do a mac off RD	33.62%	39
List for PPV somewhere between 2 and 3	26.72%	31
Total Respondents: 116		

Q13 Assuming anti-VEGF treatment is different in vitrectomised eyes (half life of drug etc), what would you do in this situation - 75 yrs old with U tear RD which needs surgery who is on regular anti VEGF for AMD

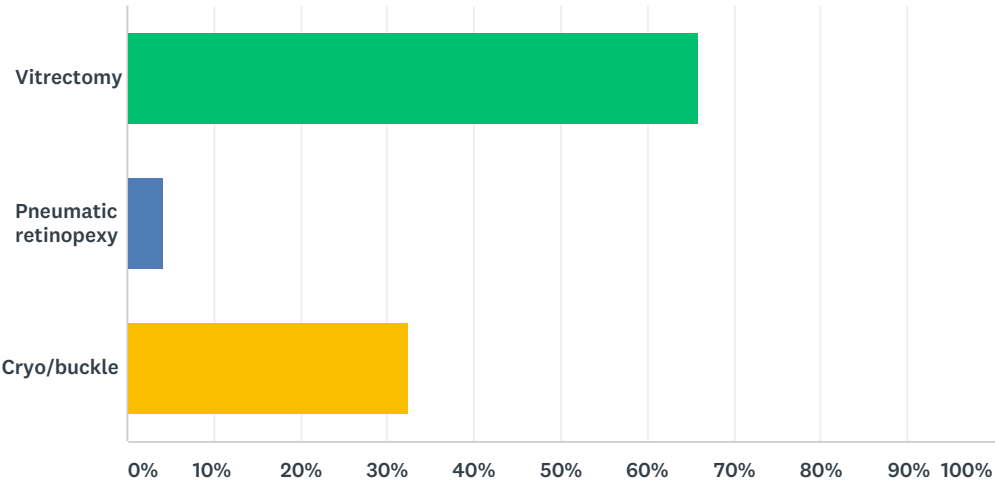
Answered: 117   Skipped: 0



ANSWER CHOICES		RESPONSES	
Vitrectomy		88.89%	104
Pneumatic retinopexy		4.27%	5
Cryo/buckle		8.55%	10
Total Respondents: 117			

Q14 Assuming anti-VEGF treatment is different in vitrectomised eyes (half life of drug etc), what would you do in this situation - 40 yr high myope with U tear RD (presumed PVD ) on anti VEGF for myopic CNV

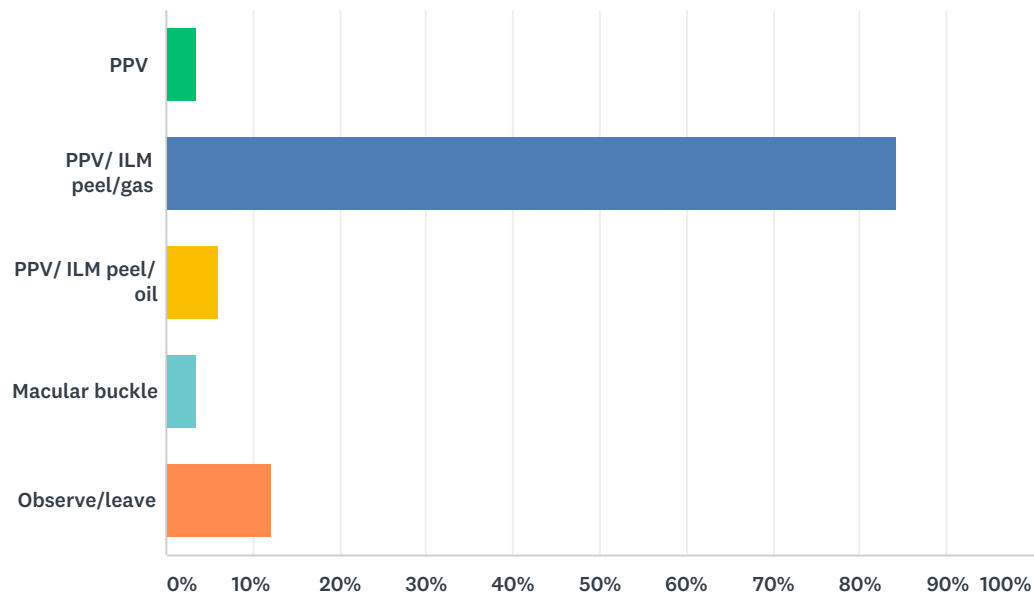
Answered: 117   Skipped: 0



ANSWER CHOICES	RESPONSES	
Vitrectomy	65.81%	77
Pneumatic retinopexy	4.27%	5
Cryo/buckle	32.48%	38
Total Respondents: 117		

Q15 For progressive symptomatic macular schisis - what would you do

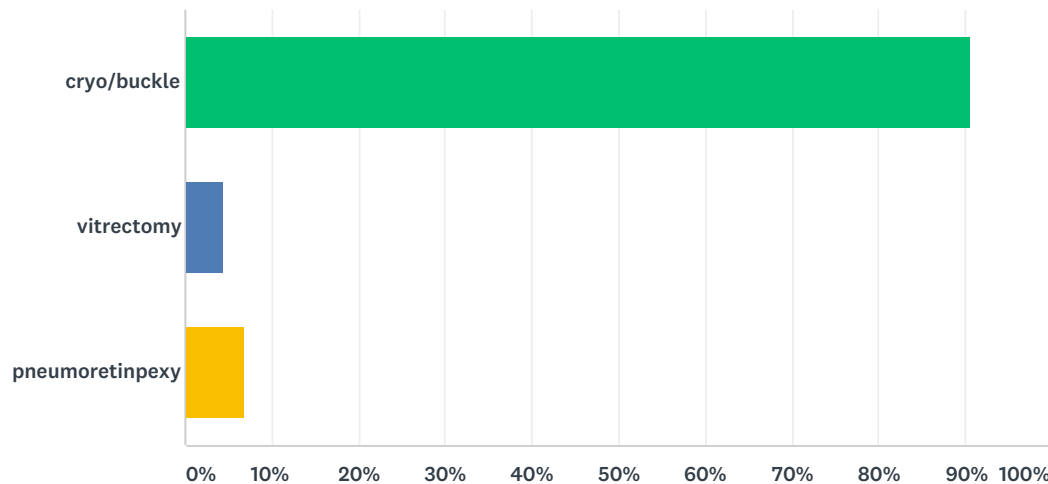
Answered: 115    Skipped: 2



ANSWER CHOICES	RESPONSES	
PPV	3.48%	4
PPV/ ILM peel/gas	84.35%	97
PPV/ ILM peel/ oil	6.09%	7
Macular buckle	3.48%	4
Observe/leave	12.17%	14
Total Respondents: 115		

Q16 With regards to the most appropriate surgery for a 25 yr old myope, no PVD, with a mac on RD superotemporal quadrant, round hole at 10 o'clock. Do you perform

Answered: 116 Skipped: 1



ANSWER CHOICES	RESPONSES	
cryo/buckle	90.52%	105
vitrectomy	4.31%	5
pneumoretinpey	6.90%	8
Total Respondents: 116		