Supplementary Information

Additional File 1. Questionnaire following screening question according to current practice patterns.

1. What is your practice setting? (please tick all that apply)

- Public restructured hospital
- Standalone private eye clinic (solo or group practice)
- Private eye clinic in private hospital
- Locum
- I do not have an active practice

2. Do you have prior experience with performing ISBCS?

- Yes, I still practise ISBCS currently → **Proceed to section 1a**
- No, I have never performed ISBCS → **Proceed to section 1b**
- Yes, but I stopped performing ISBCS → **Proceed to section 1c**

Section 1a – I Currently practise ISBCS
1) For how long has this been your practice? o Recently started o 1-2 years o 2-5 years o 5 years or longer
2) Please estimate the percentage of your cataract operations that are same-day bilateral? o 1-20% o 21-40% o 41-60% o 61-80% o 81-100%
3) For which procedures do you currently perform ISBCS? (multiple answers possible) o Refractive lens exchange o Phakic IOL implantation

o Senile cataract surgery under general anaesthesia (GA)
o Senile cataract surgery under high-risk general anaesthesia (GA)
o Congenital cataract surgery

4) What are your reasons for offering ISBCS? Please rank the importance of the following:

	Not important	**Quite important**	**Important**	**Very Important**
More cost effective for health system	o	o	o	o
Better visual outcome for patients	o	o	o	o
Reduced hospital visits for patients, saving their time	o	o	o	o
More convenient for patients, faster rehabilitation	o	o	o	o
Saves more time in clinics and theatre	o	o	o	o

5) How important do you think the following pre-requisites for ISBCS are?

Pre-requisites	**Not important**	**Quite important**	**Important**	**Very Important**
The patient and their eyes have no additional risk of developing endophthalmites	o	o	o	o
Exclusion of high-risk eyes (extremes of axial length, glaucoma, risk of inflammation including CMO, risk of retinal detachment, dense or white nucleus, etc.)	o	o	o	o
Surgeon has a track record	o	o	o	o
Operating facilities have good infection record	o	o	o	o
The surgeon and scrub nurse rescrub, regown and	o	o	o	o

reglove before second eye surgery				
Second surgeon and second scrub nurse scrub for second eye surgery	o	o	o	o
Instruments for each operation having gone through different sterilisation cycles	o	o	o	o
Medicine, solutions and cannulae having come from different manufacturers or have different batch numbers	o	o	o	o
Day 1 review by ophthalmologist	o	o	o	o

6) For patients you consider suitable for ISBCS, following informed discussion, what percentage actually go on to have same-day bilateral surgery?

o 1-25%
o 26-50%
o 51-75%
o 76-100%

7) Have any of your patients encountered the following complications following ISBCS?

o Unilateral endophthalmitis
o Bilateral endophthalmitis
o Bilateral cystoid macular oedema
o Bilateral retinal detachment
o Bilateral significant refractive surprise
o Other significant complications, please state

Section 1b - I do not practice ISBCS

1) Would you do ISBCS for the following procedures? Please tick all that apply.

o Refractive lens exchange

o Phakic IOL implantation
o Senile cataract surgery under general anaesthesia (GA)
o Senile cataract surgery under high-risk general anaesthesia (GA)
o Congenital cataract surgery

2) How important are each of the following reasons for not doing ISBCS?

	Not important	**Quite important**	**Important**	**Very Important**
No evidence of effectiveness	o	o	o	o
Risk of Endophthalmitis	o	o	o	o
Risk of Cystoid macular oedema	o	o	o	o
Risk of Retinal detachment	o	o	o	o
Risk of Wrong IOL power calculation	o	o	o	o
Risk of Other complications (Please specify)……	o	o	o	o
Familiarity with single eye surgery	o	o	o	o
Medico-legal issues should same-day bilateral cataract surgery goes wrong	o	o	o	o
I have not been trained to do same day bilateral surgery	o	o	o	o
Insufficient facilities or support staff?				
Other reason(s) …….				

3) Please indicate the factors that would influence your decision to consider bilateral same-day cataract surgery? (please tick all that apply)

o I would not consider bilateral same-day cataract surgery
o Improved availability of Intracameral cefuroxime
o Ability to use specific purpose pre-packed right and left eye instrument packs
o Trained nursing staff available
o Training for surgeon

o Improved evidence of effectiveness and safety
o Hospital approval
o Medico-legal / indemnity insurance approval
o Specialist society / College approval
Others:……

Section 1c – I previously practised ISBCS but since stopped

1) What is the reason(s) for stopping: please tick all that apply.

o Commissioners only pay for one procedure when the two eyes are done together
o My hospital does not allow routine practice of bilateral cataract surgery
o Peer pressure to stop
o I no longer believe in the benefits of immediately sequential bilateral cataract surgery
o Other reason-please state: .....

Appendix 2 Free text responses from questionnaire

Appendix 2.1 Other reasons stated by participants for not doing ISBCS

Possible failure of fair renumeration
Refractive surprise
Pressure from patients
Patient selection
Patient's ability to cope with post operative care following bilateral surgery
Risk of other complications: Traumatic injury postop, complications during surgery and persistence in proceeding to 2nd eye with same complication in fellow eye
Potential for surgeons to encourage patients to undergo bilateral surgery when the 2nd eye does not require surgery yet.

Appendix 2.2 Other factors stated by participants that would influence their decision to perform ISBCS

I would only do bilateral same day cataract surgery if it is clinically indicated, eg dementia patient requiring GA etc. Not for convenience.
Guidelines for proceeding with ISBCS and for not proceeding with it (eg cataract surgery not independently indicated in fellow eye)

Appendix 2.3 Other reasons for stopping ISBCS by those who previously performed it

Exposing patient to significantly higher risks. ISBCS is required only in exceptional circumstances. Refractive outcome of one eye can help decide target for other eye - this is not possible with ISBCS.
I have not really stopped practicing ISBCS but still strongly believe and adhering to the very specific situations. The options in Q2 (*in the survey)* are inadequate
Safety