Appendix A Questions pertinent to paper 2

Answer options	Response percentage	Response count
Q24. During vestibular schwannoma surgery, does your center utilize a separate neurophysiology/neuromonitoring team for facial nerve monitoring?		
Yes, routinely use a separate neuromonitoring team	78.9%	45
No, routinely monitored directly by the surgical team using NIMs (or other equivalent) without a separate neurophysiology/neuromonitoring team	21.1%	12
Q25. During surgery for small- to medium-sized vestibular schwannomas (<2.5 cm), what motor cranial nerves does your center typically monitor? (Mark all that apply)		
Trigeminal motor (V3)	31.6%	18
Facial nerve (VII)	98.2%	56
Vagus nerve (X)	12.3%	7
Spinal accessory nerve (XI)	12.3%	7
Hypoglossal nerve (XII)	3.5%	2
Q26. When performing hearing preservation surgery for vestibular schwannoma, which of the following describes your approach to eighth nerve monitoring? (Please choose the single best answer)		
I do not monitor the eighth cranial nerve, even when attempting to preserve hearing	12.3%	7
Far field eighth nerve monitoring (ABR/BAER)	71.9%	41
Direct eighth nerve monitoring (lead wire on eighth nerve or cochlear nucleus)	15.8%	9
Q33. As a general rule, which surgical approaches do you use pinions (rigid fixation) during vestibular schwannoma surgery? (Mark all that apply)		
Retrosigmoid approach	86.0%	49
Translabyrinthine approach	26.3%	15
Middle cranial fossa approach	42.1%	24
Do not typically use pinions	10.5%	6
Q34. Do you use a cerebellar retractor during retrosigmoid vestibular schwannoma surgery? (Please choose the single best answer)		
Always	21.1%	12
At least 50% of the time	21.1%	12
Rarely	28.1%	16
Never	28.1%	16
Not applicable, I do not use this approach	1.8%	1
Q35. Do you use a cerebellar retractor during translabyrinthine vestibular schwannoma surgery? (Please choose the single best answer)		
Always	5.3%	3
At least 50% of the time	8.8%	5
Rarely	28.1%	16
Never	52.6%	30
Not applicable, I do not use this approach	5.3%	3
Q36. What patient positioning do you utilize during retrosigmoid vestibular schwannoma surgery? (Please choose the single best answer)		
Lateral decubitus (park bench)	33.3%	19
Supine with head turn (with or without shoulder bump)	49.1%	28
Either, depending on case	14.0%	8
Sitting or semisitting	1.8%	1
Prone	1.8%	1
Not applicable, I do not use this approach	0.0%	0

Appendix A (*Continued*)

Answer options	Response percentage	Response count
Q37. What patient position do you typically utilize during translabyrinthine vestibular schwannoma surgery? (Please choose the single best answer)		
Lateral decubitus (park bench)	5.3%	3
Supine with head turn (with or without shoulder bump)	86.0%	49
Either, depending on case	5.3%	3
Sitting or semisitting	0.0%	0
Prone	0.0%	0
Not applicable, I do not use this approach	3.5%	2
Q38. What is the most common method you utilize to internally debulk a large vestibular schwannoma? (Please choose the single best answer)		
Ultrasonic aspirator (CUSA or similar)	82.5%	47
Tumor forceps and suction	8.8%	5
Laser	0.0%	0
Microdebrider system	3.5%	2
Scissors	5.3%	3
Q39. During vestibular schwannoma surgery, do you use antibiotic irrigation? (Please choose the single best answer)		
Yes, always or most of the time	42.1%	24
Yes, sometimes (~50% of the time)	10.5%	6
No, rarely or never	47.4%	27
Q40. Do you use an endoscope during vestibular schwannoma surgery? (Please choose the single best answer)		
No, rarely or never (only use microscope)	63.2%	36
Yes, exclusively (only use endoscope)	0.0%	0
Yes, use it in select circumstances such as hearing preservation to view the fundus	36.8%	21
Q43. For retrosigmoid approaches, do you perform craniotomy or craniectomy? (Please choose the single best answer)		
Craniotomy with replacement of bone flap	57.9%	33
Craniectomy without reconstruction	3.5%	2
Craniectomy with mesh reconstruction	26.3%	15
Craniectomy with bone cement (methylmethacrylate reconstruction)	0.0%	0
Craniectomy with other reconstruction	12.3%	7
Q44. When closing a translabyrinthine approach, which of the following techniques do you employ to mitigate the risk of CSF leak? (Mark all that apply)		
Fat graft	94.7%	54
Bone cement (any form)	5.3%	3
Bone pate	8.8%	5
Artificial dural substitute	21.1%	12
Reapproximate and close dural leaflets over posterior fossa	36.8%	21
Pack the Eustachian tube and middle ear space with muscle or fascia	64.9%	37
Block the mastoid antrum with fascia or other similar substrate	42.1%	24
Overclose the ear canal and directly pack the Eustachian tube (primary surgery, not for treating postoperative CSF leak)	3.5%	2
Absorbable mesh over fat graft	8.8%	5
Titanium mesh over fat graft	24.6%	14
Head wrap	54.4%	31

(*Continued*)

Appendix A (*Continued*)

Answer options	Response percentage	Response count
Q53. As a general rule, what is your initial preferred treatment of postoperative CSF leak in a patient with nonserviceable hearing? (Please choose the single best answer)		
Conservative measures (bed rest, lifting restrictions, etc.)	8.8%	5
Acetazolamide (Diamox)	1.8%	1
Lumbar drain	77.2%	44
Ear canal blind sac closure and packing of Eustachian tube without lumbar drain trial	12.3%	7
Q54. When you have a patient with profound facial weakness after vestibular schwannoma resection, what initial management strategy do you typically employ? (Please choose the single best answer)		
Refer for upfront tarsorrhaphy	15.8%	9
Refer for upfront gold/platinum weight placement	49.1%	28
Continue aggressive eye cares alone	35.1%	20
Q55. What do you perceive to be the primary cause of delayed facial nerve weakness following microsurgical resection of vestibular schwannoma? (Please choose the single best answer)		
Vasospasm	17.5%	10
Reactivation of latent virus (e.g., herpes simplex) in geniculate ganglion	19.3%	11
Tracking neural edema from surgical site to narrow labyrinthine segment of facial nerve	61.4%	35
Free pulsating movement of facial nerve in the CPA after tumor removal	1.8%	1
Q56. Do you utilize postoperative antiretroviral therapy after vestibular schwannoma resection? (Please choose the single best answer)		
Yes, routinely or most of the time	14.0%	8
Yes, sometimes (~50% of the time)	10.5%	6
No, rarely or never	75.4%	43
Q58. How long do you utilize steroids after vestibular schwannoma resection? (Please choose the single best answer)		
Do not routinely use postoperative steroids	19.3%	11
1–3 d	19.3%	11
4–7 d	31.6%	18
8–14 d	29.8%	17
15–21 d	0.0%	0
21 d or longer	0.0%	0
Q59. Do you use postoperative chemical DVT prophylaxis (e.g., subcutaneous heparin) after vestibular schwannoma surgery? (Please choose the single best answer)		
Yes, in most or all cases	56.1%	32
Yes, in high-risk patients	12.3%	7
No, rarely or never	31.6%	18
Q60. When do you typically start postoperative chemical DVT prophylaxis (e.g., subcutaneous heparin) following vestibular schwannoma surgery? (Please choose the single best answer)		
Within the first 24 h of surgery	40.4%	23
1–3 d after surgery	28.1%	16
4–7 d after surgery	3.5%	2
Only after a week from surgery	1.8%	1
NA, rarely or never use chemical DVT prophylaxis following vestibular schwannoma surgery	26.3%	15

Appendix A (*Continued*)

Answer options	Response percentage	Response count
Q61. Do you utilize postoperative antibiotics following vestibular schwannoma surgery? (Please choose the single best answer)		
Yes, in most or all cases	64.9%	37
Yes, in high-risk patients	0.0%	0
No, rarely or never	35.1%	20
Q62. How long do you use postoperative antibiotics following vestibular schwannoma surgery?(Please choose the single best answer)		
Only for 24 h	42.1%	24
1–3 d after surgery	22.8%	13
4–7 d after surgery	3.5%	2
> 1 wk	1.8%	1
NA, antibiotics are rarely or never used following vestibular schwannoma surgery	29.8%	17
Q63. When do you obtain your first postoperative MRI scan following gross total vestibular schwannoma resection? (Please choose the single best answer)		
< 48 h	36.8%	21
> 2 d, but within 1 mo	7.0%	4
Between 1 and 6 mo	36.8%	21
Between 7 and 12 mo	8.8%	5
After 1 y	10.5%	6
Q64. In your practice, when do most patients return to work after vestibular schwannoma surgery? (Please choose the single best answer)		
Within 2 wk	3.5%	2
Approximately 1 mo	28.1%	16
Approximately 6 wk	47.4%	27
Approximately 3 mo	21.1%	12
Approximately 6 mo	0.0%	0
> 6 mo	0.0%	0

Abbreviations: ABR, auditory brain stem response; BAER, brain stem auditory evoked response; CPA, cerebellopontine angle; CSF, cerebrospinal fluid; CUSA, Cavitron ultrasonic surgical aspirator; DVT, deep vein thrombosis; MRI, magnetic resonance imaging.