

Supplementary Material 1. Optimizing preoperative strategies in uveitic cataract surgery: a survey of expert practices (multiple answers allowed)

1. What is the minimum inflammation-free period required before cataract surgery in a uveitic patient?
 - 1 month
 - 3 months
 - 6 months
 - 12 months
 - It varies depending on the patient
2. What is your preoperative topical steroid protocol in uveitic patients?
 - 1–3 weeks before surgery, one drop every 1–2 hours
 - 1–3 weeks before surgery, 3–5 drops/day
 - 1–3 days before surgery, one drop every 1–2 hours
 - 1–3 days before surgery, 3–5 drops/day
 - I do not use topical steroids
3. In patients with anterior uveitis, do you apply a preoperative steroid coverage strategy? If so, how?
 - Preoperative systemic steroid dose is increased and rapidly tapered postoperatively
 - High-dose IV steroid is administered on the day of surgery, followed by oral tapering if needed
 - Managed with topical steroids alone, no systemic steroid added
 - Systemic steroid is added postoperatively in addition to existing immunosuppressive therapy
 - I do not apply such a strategy
4. In patients with posterior or panuveitis, do you apply a preoperative steroid coverage strategy? If so, how?
 - Preoperative systemic steroid dose is increased and rapidly tapered postoperatively
 - High-dose IV steroid is administered on the day of surgery, followed by oral tapering if needed
 - Managed with topical steroids alone, no systemic steroid added
 - Systemic steroid is added postoperatively in addition to existing immunosuppressive therapy
 - I do not apply such a strategy
5. What is your approach to conventional immunosuppressive agent use before surgery?
 - I continue without dose adjustment
 - I continue with dose reduction
 - I discontinue 1–2 weeks prior to surgery
 - I continue with dose escalation
6. What is your approach to biologic agent use before surgery?
 - I do not interrupt the treatment
 - I skip the last dose but do not discontinue
 - I discontinue before surgery
 - I schedule the surgery based on the pharmacokinetics of the biologic agent
7. What are your intraocular lens (IOL) preferences in a patient with juvenile idiopathic arthritis (JIA)-associated uveitis undergoing cataract surgery?
 - Hydrophobic acrylic lens
 - Hydrophilic lens
 - Secondary IOL options
 - I do not prefer IOL implantation in the first session
8. In a routine, uncomplicated cataract surgery, how and when do you discontinue topical steroids postoperatively?
 - I taper and discontinue within 4–6 weeks
 - I taper and discontinue within 3 months
 - I taper and discontinue within 6 months
 - I continue low-dose treatment for 6 months or more
9. Do you routinely use non-steroidal anti-inflammatory drugs (NSAIDs) for cystoid macular edema prophylaxis?
 - No
 - I start 1 week before surgery
 - I start 1–3 days before surgery
 - I do not use preoperatively but prescribe for 1 month postoperatively
10. What is your preferred approach in managing postoperative recurrence of posterior or panuveitis in an immunosuppressed patient?
 - I increase the dose of topical steroids
 - I increase the dose of topical steroids and add systemic steroids to the existing regimen
 - I administer periocular steroid injection
 - I prefer intravitreal steroid injection
 - I increase the dose of the current systemic immunosuppressive treatment
 - I add an additional immunosuppressive agent
 - I add systemic steroids to the current regimen