Supplementary Material: Survey structure

This questionnaire included the following sections: (1) demographic information, (2) aspects related to the location and scope of work, (3) type of rhinological procedures performed in the office, (4) aspects related to training for these procedures, (4) aspects related to personnel and their emergency training, (5) quality and safety aspects related to patient screening, selection, and monitoring, and, (6) rationale for choosing to perform these procedures in the office setting versus the operating room (OR).
Some questions included multiple choice answers; other questions included "select all that apply" options; and others allowed free-text answers to open-ended questions.
The main variables examined were years of experience, fellowship training, work setting and involvement of the resident or trainee in these procedures, and rationale for choosing to perform these procedures in the office versus the operating room.

In detail, the full survey was as it follows: A. Demographics: 1. Age; 2. Gender; 3. Country; 4. Province, state or region of practice; 5. Years in practice; 6. Rhinology practice vs another subspecialty or general ENT practice; 7. Fellowship training (Rhinology & skull base surgery fellowship). B. Facilities: 8. Practice setting for in-office rhinologic procedures, Public practice vs. Private practice or both; 9. Practice setting for in-office rhinologic procedures, Academic (> 5 physicians), Academic (≤ 5 physicians), Specialty group/ non-academic ENT unit (> 5 physicians), Specialty group/ non-academic ENT unit (≤ 5 physicians), Solo practice); 10. Location of the clinic, Clinic within a hospital, Out-of hospital in a private clinic or office outside the main hospital facility). C. Staff/personnel: 11. Human resources available (Assistant/nursing staff, Registered nurse, Otolaryngology trainee/resident, Physician assistant, Students/Interns); 12. Staff/assistants training for emergency situations such as CPR (cardiopulmonary

resuscitation) or ACLS (advanced cardiovascular life support) training. D. Patient screening/monitoring: 13. Do you perform in-office rhinologic procedures (IORP)?; 14. Exclusion criteria used to screen patients before in-office rhinologic procedures (IORP); 15. Exclusion criteria for in-office rhinologic procedures (Intolerance to office nasal endoscopy, Significant anxiety, Poor anatomy, Obesity, Poor lung function/O2 requirement, Lesion too bulky for in-office procedure, Neuromuscular disease, Uncontrolled hypertension, Allergy to lidocaine, Severe or advanced cardiomyopathy, Bleeding disorder, Other); 16. Patients instructed to discontinue anticoagulation medication prior to undergoing IORP (after consulting the prescribing colleague and depending on the indication to anticoagulation therapy); 17. Do you perform IORP if patients cannot stop warfarin?; 18. Do you perform IORP if a patient cannot stop NSAIDs?; 19. Do you perform IORP if the patient cannot stop ASA?; 20. Do you perform IORP if a patient cannot stop Clopidogrel?; 21. Do you perform IORP if a patient cannot stop new agents (i.e. apixaban)?; E. In-office Procedures: 22. Which of these rhinologic procedures do you perform in office under topical / local anesthesia plus less sedation? (Minor procedures (i.e. synechiae resection, biopsies), Turbinate reduction, turbinoplasty, Balloon sinuplasty, Eustachian tuboplasty, Sphenopalatine (ganglion) block, Polypectomy, Ethmoidectomy, Maxillary antrostomy, Sphenoidotomy, Septoplasty, septal spur, Septoplasty, caudal deviation, Nasal valve repair/functional rhinoplasty-type techniques, Drainage of mucocele, Frontal sinus surgery); 23. Change in number of office-based rhinologic procedures performed in

thelast 5 years (Increased, No change, Decreased); 24. In case you perform in-office balloon sinuplasty, which ostial dilations do you perform? (maxillary, sphenoidal, frontal, all of them); 25. Number of in-office polypectomies in a year on average; 26. Which of these in-office rhinologic procedures do you perform endoscopically? (Turbinoplasty, septoplasty, polypectomy, none); 27. Do you use sedation/pre-medication? (Always, only for anxious patients, never); 28. Do you ask your patient to be NPO (nil per os) before the procedure? (yes, no, Depending on procedure, Only if pre-medicated patient, Depending on in-office setting); 29. Do you measure and document vital signs as part of the procedure protocol? (Depending on procedure, Only if pre-medicated, Depending on patient health condition); 30. In case you answered "depending on procedure" in the previous question, in which of in-office procedures would you monitor the patient?; 31. Do you measure post-procedure vital signs?; 32. How long are patients monitored post-procedure? (Less than 15 min, 15-30 min, More than 30 min); 33. Do you ask patients to be accompanied post procedure?. F. Procedure and emergency equipment: 34. Do you use ultra-high definition (UHD) 4k systems for in-office endoscopic procedures?; 35. For topical nasal anesthesia you use (Packing, Spray, other); 36. Do you use local anesthesia?; 37. The agents used include (Lidocaine, Bupivacaine, Tetracaine, Moffett's solution, that is a mixture of cocaine + sodium bicarbonate + adrenaline, other); 38. For nasal decongestion the agents used include (Epinephrine, Cocaine, Other); 39. For nasal local anesthesia the areas injected include (Nasal septum, Inferior turbinate, Middle turbinate, Middle turbinate axilla, Sphenopalatine area, Greater palatine

foramen, Other region of the sinonasal cavity); 40. Do you perform powered in-office polypectomy? (yes, no, Depending on procedure, Only if pre-medicated patient, Depending on in-office setting); 41. Do you perform in-office navigation? (yes, no, Depending on procedure, Only if pre-medicated patient, Depending on in-office setting); 42. In terms of emergency equipment, do you have access to a crash cart and defibrillator? (yes, no, Depending on procedure, Only if pre-medicated patient, Depending on in-office setting); 43. In terms of emergency equipment, do you have access to material to treat an allergic reaction?; 44. In terms of emergency equipment, do you have access to material to treat a severe complication?; 45. In case of performing one or more of the above rhinologic in-office procedures, what are the reasons for choosing this option vs. performing these procedures in the operating room? (Avoid risks of general anesthesia, Faster recovery, Higher patient satisfaction, Lower cost, Reduce or avoid scheduling delays); 46. In case you do not perform one or more of the above rhinologic in-office procedures, what are the reasons for not performing these procedures in office? (Concern about the safety of the procedure, Concern about the efficacy of the procedure, Concern about patient's tolerance for the procedure, Lack of material resources to carry out the procedure, Lack of personal resources to carry out the procedure, Non-existent critical care unit or resuscitation team, Lack of experience in this in-office procedure).