
**eFigure 1.** Implant visualization with intraoperative optical coherence tomography
**eFigure 2.** Intraoperative optical coherence tomography and cataract surgery
**eFigure 3.** Complex myopic schisis and intraoperative optical coherence tomography
**eFigure 4.** Intraoperative optical coherence tomography and choroidal biopsy

This supplementary material has been provided by the authors to give readers additional information about their work.
eFigure 1: **Implant visualization with intraoperative optical coherence tomography.**

(A) Surgeon’s view (right) during glaucoma tube shunt placement (black arrow). Perpendicular (top right) and parallel (bottom right) B-scans showing tube placement (white arrow) within the sclera. (B) *En face* view of the anterior chamber following placement (left). Parallel (top right) and perpendicular (bottom left) B-scans confirming anterior chamber placement (arrow) and identification of relative distance between tube and cornea (double arrow). (C) Corneal inlay procedure (left) with B-scans confirming optimal depth location within the cornea (arrows, right).
eFigure 2: Intraoperative optical coherence tomography and cataract surgery. (A) Clinical view during nuclear sculpting (left). B-scan (right) allows for assessment of groove depth (double arrow) and reveals the lenticular lamellae following hydrodissection. (B) En face surgeon’s view during quadrant removal (left) Nuclear fragment is identified on B-scan (right, white arrow) above the phaco tip (yellow arrow). (C) Hazy cornea and limited view to the capsular bag during intraocular lens placement (left), B-scan confirms in-the-bag placement of intraocular lens (yellow arrow) with anterior capsule leaflets visible anterior to the lens (white arrow).
eFigure 3: Complex myopic schisis and intraoperative optical coherence tomography. (A) Clinical view following staining with triamcinolone and indocyanine green (left). B-scans (right) show multifocal areas of retinal adhesions with associated retinal schisis and subretinal fluid (top). After peeling a dense membrane (white arrows) from the retinal surface, a persistent subclinical membrane is still present that requires peeling (yellow arrows). See video 2.
eFigure 4: Intraoperative optical coherence tomography and choroidal biopsy. (A) Surgical view of 25-gauge biopsy with vitreous cutter (left). B-scan identifies the entry location and the depth of the cutter with the opening of the vitreous cutter visible (arrows), right. (B) Vitreous cutter has now been removed from the lesion (left). B-scan identifies final depth of biopsy site (arrow). See video 4.