

## Supplementary File 1. The survey for current technique of surgery for anterior and posterior vaginal wall prolapse in Korea

### Part I. General information

1. How old are you?
2. What is your gender?  
 Male  Female
3. What is your subspecialty?  
 Maternal-Fetal Medicine  Gynecologic oncology  
 Reproductive endocrinology  Urogynecology  None
4. Did you take a separate course for fellowship for pelvic organ prolapse surgery?  
 Yes  No
5. How long have you performed your own pelvic organ prolapse surgery?  
 Less than 5 years  6-10 years  11-15 years  
 16-20 years  More than 20 years
6. How many prolapse surgeries do you perform per year?  
 Less than 20 cases  21-50 cases  51-100 cases  
 More than 100 cases

### Part II. Current technique of surgery for Anterior vaginal wall prolapse

1. What kind of suture material do you usually use for the plication of fibromuscular layer?  
 Rapid absorbable only (Vicryl<sup>®</sup>, Polysorb<sup>®</sup>, etc.)  
 Delayed absorbable only (PDS II<sup>®</sup>, Monosyn<sup>®</sup>, etc.)  
 Non-absorbable only (Prolene<sup>®</sup>, Ethibond<sup>®</sup>, Silk, etc.)  
 Rapid absorbable and delayed absorbable  
 Rapid absorbable and non-absorbable  
 Delayed absorbable and non-absorbable
2. What kind of suture method do you usually use for the plication of fibromuscular layer?  
 Simple interrupted  
 Horizontal mattress interrupted  
 Pulse string  
 Continuous locking  
 Continuous non-locking
3. What kind of suture material do you usually use when suture for the closure of mucosal layer?  
 Rapid absorbable only (Vicryl<sup>®</sup>, Polysorb<sup>®</sup>, etc.)  
 Delayed absorbable only (PDS II<sup>®</sup>, Monosyn<sup>®</sup>, etc.)  
 Non-absorbable only (Prolene<sup>®</sup>, Ethibond<sup>®</sup>, Silk, etc.)  
 Rapid absorbable and delayed absorbable  
 Rapid absorbable and non-absorbable  
 Delayed absorbable and non-absorbable
4. What kind of suture method do you usually use for the closure of mucosal layer?  
 Simple interrupted

- Horizontal mattress interrupted
- Pulse string
- Continuous locking
- Continuous non-locking

5. Do you occasionally use a mesh?  
 Yes  No

### Part III. Current technique of surgery for Posterior vaginal wall prolapse

1. What kind of suture material do you usually use for the plication of fibromuscular layer?  
 Rapid absorbable only (Vicryl<sup>®</sup>, Polysorb<sup>®</sup>, etc.)  
 Delayed absorbable only (PDS II<sup>®</sup>, Monosyn<sup>®</sup>, etc.)  
 Non-absorbable only (Prolene<sup>®</sup>, Ethibond<sup>®</sup>, Silk, etc.)  
 Rapid absorbable and delayed absorbable  
 Rapid absorbable and non-absorbable  
 Delayed absorbable and non-absorbable
2. What kind of suture method do you usually use for the plication of fibromuscular layer?  
 Simple interrupted  
 Horizontal mattress interrupted  
 Pulse string  
 Continuous locking  
 Continuous non-locking
3. What kind of suture material do you usually use for the closure of mucosal layer?  
 Rapid absorbable only (Vicryl<sup>®</sup>, Polysorb<sup>®</sup>, etc.)  
 Delayed absorbable only (PDS II<sup>®</sup>, Monosyn<sup>®</sup>, etc.)  
 Non-absorbable only (Prolene<sup>®</sup>, Ethibond<sup>®</sup>, Silk, etc.)  
 Rapid absorbable and delayed absorbable  
 Rapid absorbable and non-absorbable  
 Delayed absorbable and non-absorbable
4. What kind of suture method do you usually use for the closure of mucosal layer?  
 Simple interrupted  
 Horizontal mattress interrupted  
 Pulse string  
 Continuous locking  
 Continuous non-locking
5. Do you occasionally use a mesh?  
 Yes  No
6. When do you perform a concomitant perineorrhaphy?  
 Always  Only in cases with a perineal defect