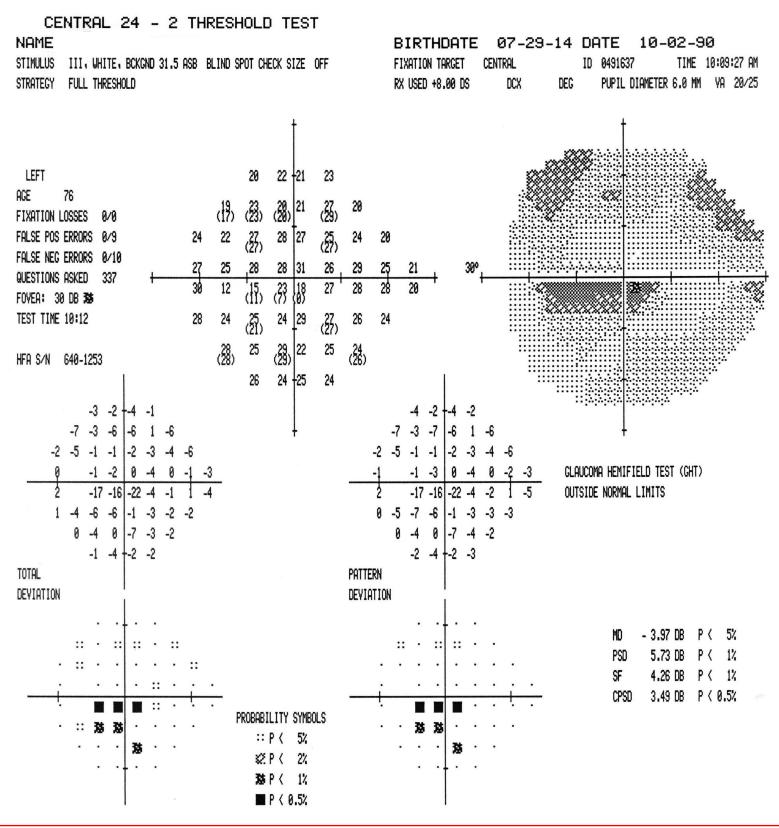


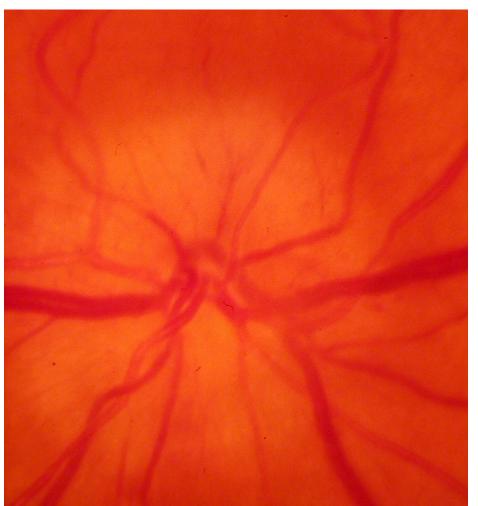
Supplementary Figure 41: Repeat 24-2 programs one month later now demonstrates a new superior arcuate defect on the right side with a persistent inferior arcuate defect on the right indicating progressive anterior ischemic optic neuropathy.



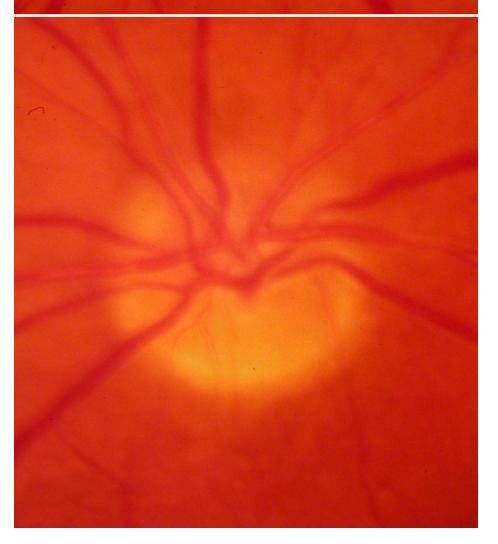
Supplementary Figure 42: Repeat disc photos now show extension of hyperemia involving the right disc.

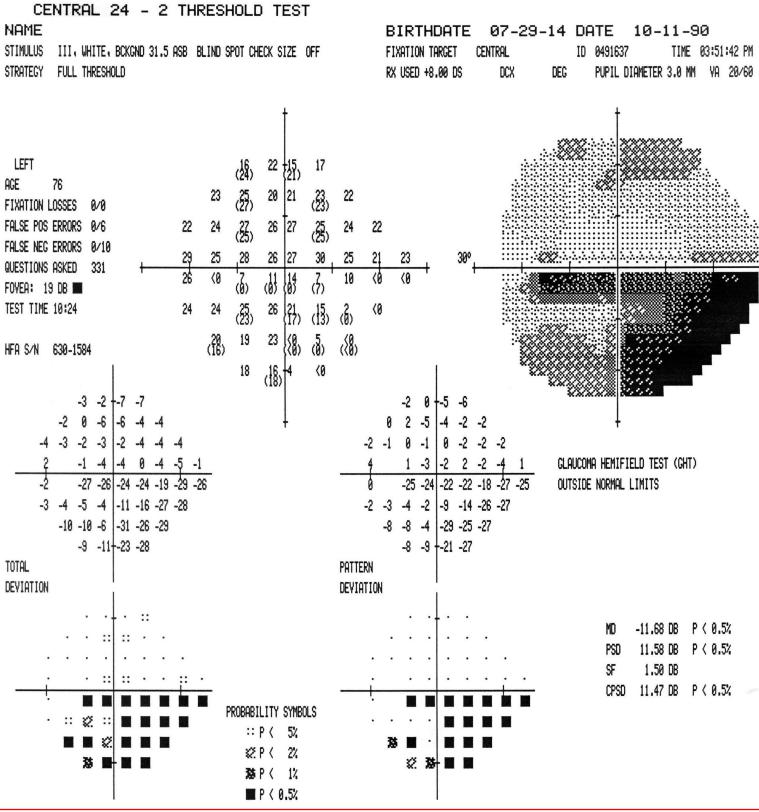


Supplementary Figure 43: One year later, a 24-2 program in the left eye demonstrates a new paracentral defect.

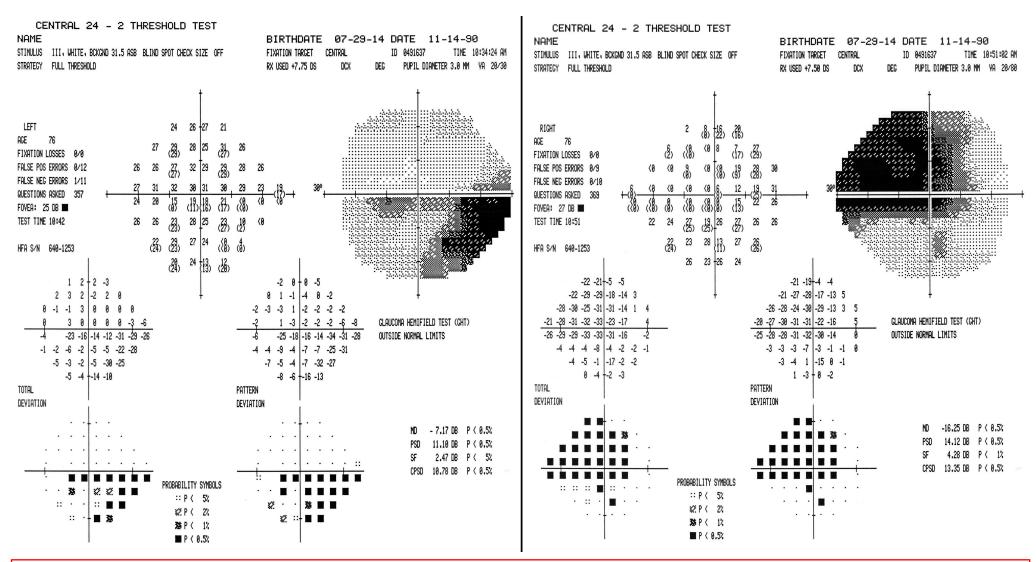


Supplementary Figure 44:
Optic discs one year
follow up demonstrates
optic atrophy on the
right side related to
previous AION and new
disc edema with
hyperemia on the left
side indicating
consecutive anterior
ischemic optic
neuropathy.

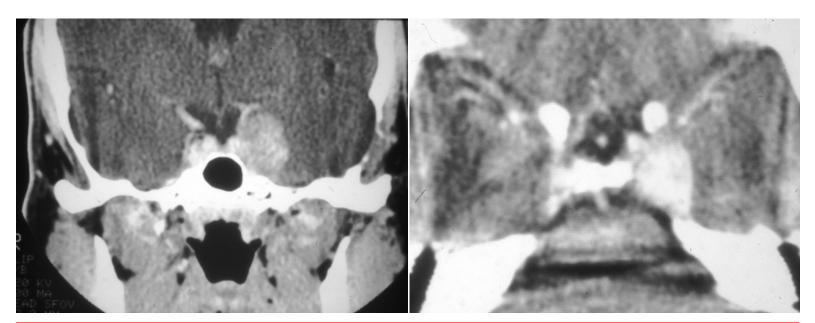




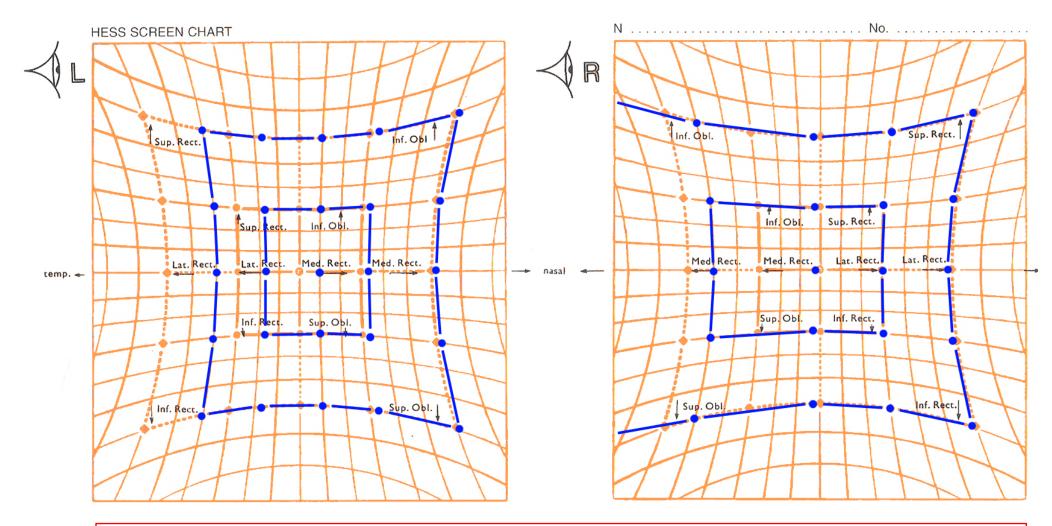
Supplementary Figure 45: Repeat field nine days later demonstrates increased density of the arcuate visual field defect on the left concomitant with a decrease in central acuity.



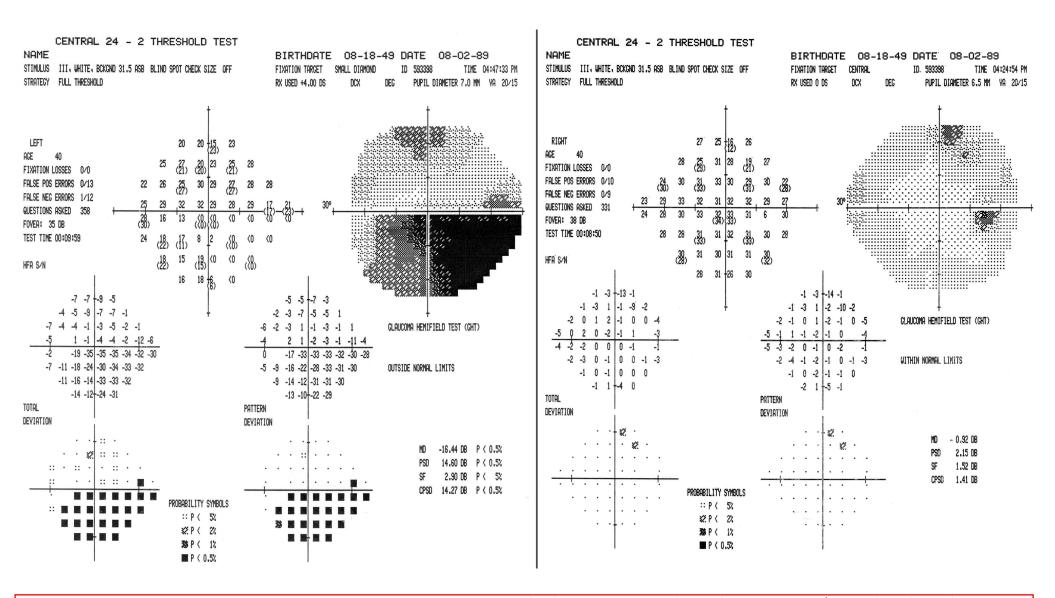
Supplementary Figure 46: Following optic nerve sheath fenestration, fields continue to demonstrate an inferior arcuate defect with slight nasal step on the left, and a denser superior greater than inferior arcuate defect on the right representing the residual of consecutive bilateral anterior ischemic optic atrophy.



Supplementary Figure 47: Coronal and axial CT scan of the 37 year old triathlete with intermittent horizontal diplopia demonstrating a mass in the left cavernous sinus.



Supplementary Figure 48: Hess screen demonstrating a left abduction deficit suggestive of a new left VI nerve palsy following cavernous sinus surgery.



Supplementary Figure 49: Automated perimetry 24-2 program demonstrates a new left inferior arcuate visual field defect in a patient s/p unroofing of the left optic canal during cavernous sinus surgery producing a new left optic neuropathy.