

**Supplementary Table 1. Sequence of events following carotid body tumor excision with average blood pressure**

Day since first surgery	Sequence of events	Average blood pressure, systolic/diastolic (mean) mmHg
Day-1	<ul style="list-style-type: none"> <li>Surgical removal of left-sided carotid body tumor</li> </ul>	130/84 (100)
Day-8	<ul style="list-style-type: none"> <li>Suture site bleeding with pulsatile swelling in the neck. Evaluation revealed CCA pseudoaneurysm</li> <li>Left-sided neck exploration, excision of pseudoaneurysm, repair of defect at carotid bifurcation and ECA stump</li> </ul>	110/74 (84)
Day-10	<ul style="list-style-type: none"> <li>The culture was sent from the operated site—showed growth of <i>Pseudomonas aeruginosa</i></li> </ul>	112/78 (88)
Day-14	<ul style="list-style-type: none"> <li>Discharged</li> </ul>	
Day-24	<ul style="list-style-type: none"> <li>Readmitted with operative site hematoma, no definitive pseudoaneurysm sac on CT angiogram</li> </ul>	110/70 (82)
Day-25	<ul style="list-style-type: none"> <li>Started actively bleeding from the neck wound</li> <li>Balloon test occlusion with parent artery occlusion</li> <li>Hemodynamic left ACA-MCA territory watershed infarct. Managed conservatively with inotropes/ vasopressin by increasing mean arterial pressure</li> </ul>	106/66 (78) 130/88 (102)
Day-26	<ul style="list-style-type: none"> <li>Bilateral posterior circulation infarcts. Managed with long-term anticoagulation and antiplatelet agents</li> </ul>	132/86 (100)
Between days 27–54	<ul style="list-style-type: none"> <li>Persistent and prolonged hypotension managed with inotropes, high volume intravenous infusion and postural management</li> </ul>	126/78 (90)
Day-55	<ul style="list-style-type: none"> <li>Finally discharged after a prolonged hospital stay</li> </ul>	120/74 (86)

CCA, common carotid artery; ECA, external carotid artery; CT, computed tomography.