Supplementary Table 1. Full table of studies included in the evidence synthesis.

No	Author	Year	Aneurysm location (size/other features)	Clip/s	Total/partial slip; direction of the slip	Suspected reason of slippage	Avoidance management	Diagnosis
			MCA					
1	Matsumoto [1]	1987	MCA	unk	in	clip pro	operties:	MCA obstruction
2	Matsumoto [1]	1987	МСА	Yasargil	total; out	authors a modified n	presented on-sliding clip,	postop DSA
3	Matsumoto [1]	1987	MCA	unk	partial; out	which bla at the	des closed eir tips.	oculomotor paresis
4	Edner [2]	1978	МСА	straight Heifetz	total; out	clip material fatigue	no filling of the aneurysm was confirmed on DSA.	head radiogram (1.5 y)
5	Nakayama [3]	1987	MCA	misused temporary clip	total; out	unk	none	rebleeding (1.5 mths)
6	Shigemori [4]	1987	MCA	unk	total; out	broad neck	none	unk
7	Hoh [5]	2001	МСА	unk	total; out	unk	none	rebleeding after 3 weeks
8	Asgari [6]	2003	MCA	1 Sugita	partial; out	unk	none	clip slippage not verified
9	Wester [7]	2009	MCA bifurcation	curved	total; out	low closing forces of the long clip	Instead of one long clip, multiple short clips should be used to reconstruct the artery.	fatal rebleeding (after closure of the wound)
10	Wester [7]	2009	MCA fusiform	3 unk	in (across the artery)	unk	none	infarction
11	Takahashi [8]	1987	giant MCA	Sugita	total; out		none	rebleeding (4 d)
12	Asgari [6]	2003	giant MCA	2 Sugita	partial; out	wide calcified neck; only distal 2/3 of clip grasped the neck	none	rebleeding
13	Pia [9]	1980	giant MCA	2 clips	total; out	unk	none	unk

			ΑСοΑ					
14	Kandel [10]	1977	ACoA	unk	total; out	unk	none	unk
15	Czochra [11]	1980	ACoA	unk	total; out	unk	none	postop DSA
16	Sakurai [12]	1987	ACoA	clip and wrapping	total; out	unk	none	rebleeding (3 mths)
17	Haraoka [13]	1987	АСоА	encom- passing Heifetz	total; out	incompletely obliterated neck and pulsative forces to the neck over a long period	none	good recovery
18	Asgari [6]	2003	medium -sized ACoA	1 Yasargil Ti (Aesculap)	partial; out	should be differentiated with <i>de novo</i> aneurysm	none	rebleeding
19	Fukui [14]	2004	ACoA	unk	unk; out	unk	none	unk
20	Hayashi [15]	2004	ACoA	straight	total; out	clip head trap- ped between optic nerves	neurosurgeons	rebleeding (4 d)
21	Chen [16]	2009	ACoA	1 titanium	total; out	unk	none	rebleeding
22	Huh [17]	2012	ACoA	single clip reinforced by a booster clip	total; out	unk	none	rebleeding
23	Kunert [18]	2012	ACoA	unk	total; out	unexplained	none	control CTA
24	Takahashi [8]	1987	АСоА	clipping+- cyanoacry- late glue	total; out	selection of an inappropriate clip, inaccurate	none	fatal rebleeding (11 d)
25	Takahashi [8]	1987	ACoA	unk	total; out	placement	none	rebleeding (17 d)
26	Yi [19]	2003	ACoA	bayonet standard Yasargil (Aesculap)	total; out	2 mm of neck remnant was supposed	none	postop DSA
27	Xuejian [20]	1998	ACoA	unk	total out	unk	none	fatal rebleeding
28	Yasui [21]	2004	giant ACoA	unk	in	the aneurysm was approached from interhemis- pheric approach	none	occlusion of parent artery; infarction

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29	Izumo [22]	2013	A1	curved Ti	partial; out	unk	none	postop DSA		
30	Iida [23]	2017	fusiform A1	straight	total; out	unk	none	rebleeding		
ICA										
31	Skultety [24]	1966	ICA	unk	unk	unk	none	fatal		
32	Sato [25]	1971	ICA	long, silver	total; out	presumably due to arterial pulsations	none	uneventful clinical course		
33	Kariyattil [26]	2013	ICA	bayonet- -shaped fenestrated Yasargil	partial; out	Intraop DSA is advised as revealed clip "scissoring effect" causing slippage after apparent right clipping.				
34	Edner [2]	1978	ICA/PCoA	straight Heifetz	total; out	clip head trap- ped between optic nerves	neurosurgeons	rebleeding (4 d)		
35	Sengupta [27]	1978	ICA/PCoA	1 unk	total; out	unk	none	fatal rebleeding		
36	Czochra [11]	1980	ICA/PCoA	unk	total; out	unk	none	postop DSA		
37	Ebina [28]	1982	ICA/PCoA	Heifetz, then Sugita	total; out	unk	none	rebleeding		
38	Horiuchi [29]	2012	ICA/PCoA	Yasargil titanium bayonet	in	scissoring effect	remove immediately scissor-like deformed clip	arterial occlusion (paresis)		
39	Drake [30]	1973	board- -based ICA/PCoA	1 Sundt	total; out	improper clipping; postoperative hypertension?	intraop and postop DSA; clipping under deep hypoten- sion; clip sho- uld be fenestra- ted or occludes partially the arterial lumen.	clip slipped two times		
40	Ikezaki [31]	1987	2 ICA/Opth	tandem of angle fenestrated	partial; in	unk	The blades should be applied parallel to ICA lumen	ICA stenosis		
41	Drake [32]	1984	ICA/Opth	1 Sundt	total; out	unk	postop DSA	rebleeding		
42	Hatanaka [33,34]	1987	ICA/Opth	unk	total; out	unk	glue applied on the clip spring	rebleeding		

43	Melo [35]	2002	giant ICA/ Opth	unk	total; out	weak clip closing pressure	do not resterilize clips; repeat other suggestions to prevent slipping	postop DSA (8 mths)	
44	Huh [36]	2011	paraclinoid ICA	unk	in	unk	none	ICA occlusion	
45	Nemoto [37]	1999	paraclinoid ICA	2 clips	total; out	unk	none	postop DSA	
46	Heros [38]	1983	giant paraclinoid ICA	unk	total; out	the reinforcing clip blades ruptured the sac while slipping	partial neck clipping with single clip even reinforced by another one should be avoided.	fatal rebleeding	
47	Szmuda [39]	2012	giant ICA	2 straight, 1 bayonet Yasargil.	partial; out	weak closing forces of the clip and its resterilisation.	place several clips or stack one on the top of another can prevent clip slippage.	postop DSA	
	Blood blister-like ICA								
48	Diraz [40]	1993	ICA (BBA)	unk	total; out	due to brain retraction release	Embedding the clip by tearing a small	unk	
49	Park [41]	2007	ICA (BBA)	unk	total; out	unk	none	postop DSA (5 wks)	
50	Kuroda [42]	2016	ICA (anterior wall)	1 bayonet	total; out	radiation -induced severe	none	postop DSA (5 wks)	
			BA			A			
51	Melo [35]	2002	ВА	unk	total; out			loss of consciousness	
52	Miyachi [43]	1999	ВА	unk	total; out	unk	none	postop DSA	
53	Peerless [44]	1988	BA	unk	total; out	high arterial pressure	use multiple tandem clips; use clips with short blades to enhance clo- sing pressure.	rebleeding (8 y)	

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54	Drake [32]	1984	ВА	1 Sundt	total; out	unk	postop DSA	fatal rebleeding	
55	Carlotti [45]	1996	ВА	unk	unk	unk	none	fatal rebleeding	
56	Drake [46]	1996	large BA	unk	partial; in	neck shape	none	clip blades stenosed the origins of SCA; ischemia	
57	Silverberg [47]	1981	giant BA	unk	unk	unk	apart from slippage, the aneurysm has thrombosed.	postop DSA	
VA									
58	Suzuki [48]	1979	VA	unk	total; out	use an adhes slippage; in ca risk, optional inserting co facilitate aneury postop DSA is should cause a t intima healing y	ive to prevent ase of slippage I to clipping is pper wires to ysm thrombosis; essential; clips trauma to initiate within its blades.	fatal rebleeding (2 wks)	
59	Takahashi [49]	1981	VA	unk	unk	unk	none	fatal rebleeding	
60	Fukasawa [50]	1998	dissecting VA	unk	unk	unk	none	unk	
61	Haraoka [51]	1999	middle third VA	unk	total; out	unk	none	fatal	
			PICA		<u> </u>		<u> </u>	<u> </u>	
62	Drake [46]	1984	PICA	older clip	total; out	unk	none	fatal rebleeding	
63	Oyesiku [52]	1986	PICA	Heifetz	total; out	The clip migr equine (L3-4). ning brain" has as a factor	ated to cauda "Force of retur- been suggested of slippage.	low back pain with radiculopathy	
64	Porchet [53]	1995	PICA	1 unk	total; out	unk	none	rebleeding	
65	Kang [54]	2004	PICA	unk	unk	unk	endovascular embolization	postop DSA 5 days postop	
66	Kim [55]	2009	PICA	3 Yasargil (straight, fenestrated, angled)	total; out	The angled o to sacr subarachr The reason is unł	clip migrated ral (S1) noid space. of slippage known.	low back pain	

	Other locations									
67	Kanai [56]	1992	hypoglossal artery	straight	partial; in (artery obliteration)	too large aneurysm for clipping or clivus proximity	consider endovascular approach	fatal rebleeding		
68	Mann [57]	1984	pericalosal artery	unk	total; out	partial thrombosis of aneurysm	contralateral approach may limit slippage.	postop DSA		
69	2005	orbito- frontal	straight Yasargil	partial; out	total; out	initial clipping o if rupture is pro artery; even 2 i cause haemo	ccurs insufficient oximal to parent mm slippage can orrhage recur.	rebleeding (5 wks)		
Unspecified location										
70	Drake [59]	1967	1 unk	unk	total; out	a clip incompletely occluding fundus with coexisting pulsations	coating a residual sac together with a clip and parent vessel.	unk		
71	Troupp [60]	1971	1 unk	unk	total; out	unk	none	fatal		
72	Gillingham [61]	1979	2 unk (1.1% of series)	Mayfield	unk	unk	none	fatal		
73	Guidetti [62]	1970	1 unk	Mayfield	unk	unk	none	fatal rebleeding after 8 hours postop		
74	Higuchi, [63,64]	1988 2003	unk	unk	total; unk	unk	none	fatal rebleeding		
75	Hillman, Loach [65,66]	1976 1988	unk	unk	total; unk	unk	none	fatal rebleeding		
76	Martin, Niikawa [67,68]	1990	unk	unk	total; unk	unk	none	postop DSA		
77	Jimbo [69]	1997	1 unk	unk	unk	unk	In severe athe- rosclerosis the reinforcement with Surgicel [®] or Biobond [®] can prevent from slippage.	unk		
78	Kano, Troupp, Wermer [60,70,71]	1971 2005 2007	1 unk	unk	unk	unk	unk	unk		

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79	Park [72]	2014	8 unk (4 atherosc- lerotic, 4 non-athe- rosclerotic)	unk	unk	sliding of the clip due to atherosclerotic neck	use multiple clips	unk
80	Nievas [73]	2007	7 cases	unk	total; out	unk	none	postop DSA
81	Shephard [74]	1983	4 cases; unk aneurysms	unk	unk	unk	none	fatal rebleeding
82	Sugita, [75]	1976	unk	Heifetz	unk	unk	broad-necked aneurysms should be secured by clips with more than 80 gm clo- sing pressure.	postop DSA
83	Sundt [76]	1982	unk	Heifetz	unk	unk	none	unk

Proposed management aimed for prevention of further clip slippage

84	Iwama [77,78]	2004	large M1	Dome puncture prevent slipping in or out of aneurysm clip
85	Yasargil [79]	1974	distal ACA	Coagulation of the neck produces a smaller neck, then less chance of clip slipping.
86	Ohno [80,81]	1992 1999	ICA, ACA	Sugita straight booster clip was used for preventing a slip-out of the first clip.
87	Sasaki [82]	1991	ICA	In giant aneurysms additional clips should be applied to prevent first clip slippage.
88	Inci [83]	2015	ICA	more long clips were placed parallel to the first clip on calcified-necked aneurysm
89	Hashimoto, Kato [84,85]	1997 2009	ICA	"interlocking" the tandem of angled fenestrated clip blades reinforce their closing pressure and thus reduces the likelihood of slipping.
90	Ohmoto [86]	1991	cavernous ICA	reinforcing (booster) straight clip was used in wide-necked aneurysm
91	Uemura [87]	1987	paraclinoid ICA	For prevention of Sugita clip slipping, a small piece of dura is laid between the spring and sphenoid with coating.
92	Kataoka [88]	1995	paraclinoid ICA	cortex splitting to adjust a clip spring to prevent slippage.
93	Gianotta [89]	1994	ICA/Opth	Clip slip off the aneurysm is frequent in ICA/Opth; to avoid slippage series of clips should be stacked one on of top of another.
94	Sengupta [90]	1979	ICA bifurcation	aneurysm sac was aspirated shortly after clipping to prevent further slippage

95	Fujioka, Shigeta [91,92]	1992 2003	ICA (BBA) or dissecting	"clip on wrapping" method to prevent either intra- or postop slippage
96	Kato, Nakagawa, Osawa [93–95]	1986 1991 1993	ICA (BBA)	"Clipping on wrapping" with/without applied on cellulose fabric to prevent slippage.
97	Kazumata [96]	2014	ICA (BBA)	Radial artery to MCA bypass graft is advocated decreases the risk of postop slippage.
98	Yoshimoto [97]	1996	ICA (BBA)	wrapping with muslin gauze may prevent slipping.
99	Otani [98]	2009	ICA (BBA)	right-angled clip blades placed parallel to the parent artery prevent slippage
100	Mooney [99]	2015	ICA (BBA)	placing a thin layer of cotton reinforcement beneath the clip blades
101	Brown [100]	2017	ICA (BBA)	clip blades should be placed along the axis of ICA
102	Drake [46]	1996	BA bifurcation	In order to prevent further clip slipping down and stenosing/kinking the P1 origins, a Drake proposed the tandem clipping, composed of one fenestrated and one straight clip.
103	Hirikoshi [101]	1997	BA bifurcation	If clip blades slip toward BA closing the PCA origins, direct clipping should be abandoned.
104	Fujitsu [102]	1994	VA, BA	"wrap-clipping" technique with Dacron-meshed silastic sheet
105	Sano [103]	1997	dissecting VA	a second curved fenestrated booster clip was placed on blades of the first clip to eliminate its further slippage.
106	Hylton [104]	1988	giant	atheroma removal from aneurysm sac should precede direct clipping
107	Welch [105]	1997	giant	intraaneurysmal thrombus prevents clips from closing and force the clip onto the parent artery; partial thrombectomy while temporary clipping is advised.
108	Wellman [106]	1998	giant	clips placed across the neck require total occlusion, otherwise a pulsating aneurysm neck pose a risk of slipping away or inwards.
109	Kawai [107]	1987	giant	To prevent slipping-in of the clip and artery occlusion, the dome thrombectomy, neck thrombarterectomy, also using CUSA should follow neck clipping.
110	Lawton [108,109]	1994 1999	giant	intraaneurysmal thrombus prevents clips from closing and force the clip onto the parent artery; partial thrombectomy while temporary clipping is advised.
111	Symon [110]	1992	giant	debulking the aneurysm and collapsing its neck diminish the risk of clip slippage toward parent artery.
112	Nakamura [111]	2012	wide-necked	multiple clipping to prevent clip slip-out.
113	Nakano [112]	2000	wide-necked	"Clipping on wrapping" to prevent slip off.
114	Turkmani [113]	2015	aneurysms with a calci- fied neck	a single clip can slip downward at the calcified neck thus a clip reconstruction should be employed
115	Kato [114]	2012	previously coiled	Specific features of sac and neck of previously coiled aneurysm should be considered preoperatively in order to avoid further slippage.
116	Kiran [115]	2015	very small	double-clip technique (two parallel mini clips) prevents from slipping

117	Giannotta [116]	1995	4 unk	Clip slippage was attributed to older style clips or their improper placement. Recommended preventions: large portion of sac should be dissected first, otherwise clip closing forces would not counteract tethering of fibrous material; multiple and tandem clipping; use of booster clips; evacuating the sac; puncture the sac once neck clipping is complete; do not place clips under hypotensive anaesthesia.					
118	Kato [117]	1995	unk	Fenestrated clip itself prevents slippage.					
119	Guo [118]	2007		excising a sac may contribute to a clip slippage					
120	Hollin [119]	1973		persistence of blood pulsations to the clip					
121	Hori, Iwata, Kato, Kodama, Lee, Mizoi, Sugita [120–127]	1976 1979 1982 1987 1988 1997		additional wrapping/coating or adhesive (i.e. cyanoacrylate) use to prevent further slippage.					
122	Mayfield [128]	1971	Clip blades	Clip blades should be parallel and incorporate as little of the surrounding tissue as possible.					
123	Nievas [129]	2000	Developed several tips to prevent clip slippage: use the mobile fulcrum clip, reduce the amount of sac filling (decrease blood pressure or use a temporary clip), place a second occluding clip parallel to the first one (then correct the first clip), never use a clip that has been left open in the instrument or resterilized for a subsequent operation, leave a depth of at least 2 mm from the tip, resect completely the arachnoid bundles surrounding the aneurysm neck, remove the atheroma before a clip is applied on the ruptured ICA aneurysm, perpendicular clip insertion may lead to blades' cross, the neck resistance should be verified prior to clip placement.						
124	Nishi [130]	2007	Wrap-reir slipping-in a	nforced clipping for slippery aneurysm neck; sequential clip placement to avoid and occluding parent vessel (a pilot clip is removed after stabilizing a second clip).					
125	Nussbaum [131]	2010	The mo	odified fenestrated clip ("compression clip") was introduced to avoid slipping from atheromatous, thrombotic or previously coiled aneurysms.					
126	Origitano [132]	1997	P	uncture the sac and perform postop DSA to avoid slippage phenomena.					
127	Sano [133]	1991	A double-se	ecured aneurysm closure - fenestrated and straight clips closed across the neck; that combination of clips initiated by Charles Drake.					
128	Schmid -Elsaesser [134]	2000		broad-based aneurysms should be secured by more than one clip.					
129	Sughrue [135]	2011	in	corporating pathological tissues at the neck that can cause clip slippage					
130	Sugita [136]	1985	If a clip slip: Placing a s pulsatic	s onto the parent artery and causes stenosis, puncturing the sac is indispensable. second clip prevent slipping, even though the first clip do not open with arterial on. Total wrapping after even successful clipping may prevent postop slipping. Putting some chemical adhesives on clip blades.					
131	Sundt [137]	1984		applying a booster clip prevent from slipping					
132	Safavi-Abbasi [138]	2016		cotton-clipping and cotton-augmentation strategies					
133	Sakata [139]	2015		clip and wrap technique using Gore-Tex sling					