

## Supplemental 1. Survey instrument for adoption of enhanced recovery after laparotomy in gynecologic oncology

**General Questions**

1. Please select the category that best describes you:
  - Obstetrics and gynecology resident
  - Gynecologic oncology fellow
  - Gynecologic oncology attending
  - Nurse practitioner, Physician assistant
  - Radiation oncologist
  - Medical oncologist
  - Pathologist
  - Other
2. Years since completing training: \_\_\_\_\_
3. Do you work with:
  - Obstetrics and gynecology residents?
    - Yes
    - No
  - Gynecologic oncology fellows?
    - Yes
    - No
4. Type of Institution
  - Academic
  - Private
  - Private with academic affiliation
  - Community
  - Military
  - Other
5. State of practice: (drop down list)
6. Please specify the country where you practice:
7. Number of gynecologic oncologists in your practice: \_\_\_\_

**Preoperative management**

8. How often do you use bowel preparation for the following situations:

	Never	Rarely	Sometimes	Often	Always
<b>Laparotomy</b>					
<b>Ovarian cancer debulking</b>					
<b>Concern for bowel surgery</b>					

9. What type of bowel preparation do you use? (Check all that apply)
  - Mechanical
  - Antibiotic
  - Enema
  - Other: \_\_\_\_\_
10. When do you initiate preoperative fasting?
  - For solids:
    - ≤6 hours
    - 6 hours
    - 6-8 hours

- >8 hours
- For liquids:
- <2 hours
  - 2 hours
  - 2-6 hours
  - >6 hours
11. Do you use carbohydrate loading in your preoperative practice?
- Yes
  - No
  - Not sure
12. What type of carbohydrate loading do you use? (Check all that apply)
- Clear fast
  - GU / marathon carbohydrate loading
  - Gatorade
  - Other
13. Is pre-operative and intraoperative DVT prophylaxis used in your practice?
- Yes
  - No
  - Not sure
14. Which of the following drugs do you use as pre-operative and intraoperative DVT prophylaxis? (Check all that apply)
- Heparin
  - Low molecular weight heparin
  - Fondaparinux
  - Stockings
  - Pneumatic compression
  - Other
  - None

### **Intraoperative Management**

15. For the following situations, select how often you use regional pain management

	Never	Rarely	Sometimes	Very Often	Always
<b>Epidural for laparotomy</b>					
<b>Epidural for laparoscopy</b>					
<b>Nerve block for laparotomy (i.e. TAP block)</b>					
<b>Nerve block for laparoscopy (i.e. TAP block)</b>					

16. Does your institution have an intraoperative fluid management protocol for laparotomy?
- Yes, at discretion of anesthesia team
  - Yes, early goal-directed therapy protocol – non-invasive monitoring
  - Yes, early goal-directed therapy protocol – invasive ( i.e. esophageal Doppler)
  - No
  - Not sure

17. Do you routinely use nasogastric or orogastric intubation for the following procedures?

	Never	Rarely	Sometimes	Often	Always
<b>For laparotomy</b>					
<b>For laparoscopy</b>					

18. When do you leave a nasogastric tube in place postoperatively? (Check all that apply)

- After small bowel resection
- After large bowel resection
- Splenectomy
- Ligation of the short gastric vessels
- Other
- Never

19. Is core temperature measure continuously in your operating room?

- Yes
- No
- Not sure

20. Which of the following are used in your operating room? (Check all that apply)

- Forced air blanket devices
- Underbody warming mattresses
- Warm intravenous fluids
- Other
- None

### **Postoperative management**

21. At what rate are fluids administered in the post-operative setting?

- < 40cc/h
- 40cc/h - 100cc/h
- > 100 cc/h
- No IV fluids given

22. When are fluids routinely terminated?

- < 12 hours after surgery
- 12-24 hours after surgery
- > 24 hours after surgery
- When patient tolerating PO
- Not sure

23. When is a regular diet started routinely after laparotomy?

- < 24 hours after surgery
- 24 - <48 hours after surgery
- 48-72 hours after surgery
- > 72 hours after surgery
- Not sure

24. Which of the following do you routinely use to hasten return of bowel function

- Milk of magnesia
- Biscolic suppositories
- Mu opioid antagonists
- Erythromycin

- Chewing gum
- Other
- I do not use any method to hasten return of bowel function

25. For the following situations, select how often do you use peritoneal drainage

	Never	Rarely	Sometimes	Very Often	Always
<b>Lymphadenectomy</b>					
<b>Bowel resection</b>					
<b>Urologic procedures</b>					
<b>Splenectomy</b>					
<b>Liver resection</b>					

26. Do you use catheterization for urinary drainage post-operatively?

- Yes
- No
- Not sure

27. Select when the urinary catheter is most commonly removed after laparotomy.

- < 24 hours
- 24-48 hours
- > 48 hours

28. Select when the urinary catheter is most commonly removed after laparoscopy.

- In the OR
- Postoperative unit
- Postoperative day 1
- On or after postoperative day 2

29. Select your method for voiding trials in the following situations

	Routine removal of foley	Back fill voiding trial	Other	None
<b>Laparotomy</b>				
<b>Laparoscopy</b>				

30. Do your patients receive post-operative DVT prophylaxis?

- Yes
- No
- Not sure

31. How long do your patients receive postoperative DVT prophylaxis?

	Less than 1 month	1 month	Longer than 1 month	Only during hospital stay	Not sure
<b>Laparotomy – benign</b>					
<b>Laparotomy – cancer</b>					
<b>Laparoscopy– benign</b>					
<b>Laparoscopy - cancer</b>					

32. Select the average time for mobilization of patients post-operatively

- Day of surgery
- Post-operative day 1
- Post-operative day 2 or greater

**Postoperative management strategies**

33. Does your institution have an established enhanced recovery after surgery (ERAS) pathway for laparotomy?
- Yes
  - No
  - Not sure
34. How long has your ERAS protocol been in place?
- < 1 year
  - 1-2 years
  - > 2 years
35. Indicate to what extent you agree with the following statements.

ERAS:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Improves patient outcomes					
Improves patient satisfaction					
Is a safe procedure					
Increases complication risk					
Reduces readmission rate					
Decreases rate of unscheduled visits					
It's great but difficult to implement					

36. Do you offer same-day discharge to patients undergoing laparoscopy for the following:

	Never	Rarely	Sometimes	Often	Always
Adnexal surgery					
Hysterectomy + adnexal surgery					
Hysterectomy + adnexal surgery + lymphadenectomy ( staging)					

37. Which factors influence your decision? (Check all that apply)
- Age
  - Comorbidities
  - Extent of surgery
  - Patient distance from hospital
  - Patient social support
  - Time of day when surgery is complete
  - Other
38. Please select the most common reason for a patient to not achieve same-day discharge?
- Age
  - Comorbidities
  - Extent of surgery
  - Patients distance from hospital
  - Patient social support
  - Time of day when surgery is complete
  - Other