

Survey instrument for adoption of enhanced recovery after laparotomy in gynecologic oncology

General Questions

1. Please select the category that best describes you:
 - a. Gynecologic oncology fellow/resident
 - b. Gynecologic oncologist
 - c. Surg Oncology resident/fellow
 - d. Surg Oncologist
 - e. Radiation oncologist
 - f. Medical oncologist
 - g. Pathologist
 - h. Other
2. Years since completing training: _____
3. Do you work with:

Obstetrics and gynecology residents?

 - a. Yes
 - b. No

Gynecologic oncology fellows?

 - a. Yes
 - b. No

Surgery residents?

 - c. Yes
 - d. No

Surg oncology fellows?

 - e. Yes
 - f. No
4. Type of Institution
 - a. Academic
 - b. Private
 - c. Private with academic affiliation
 - d. Community
 - e. Military
 - f. Other
5. State & Country of practice:
6. Number of gynecologic/surgical oncologists in your practice: ____

Preoperative management

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

	Never	Rarely	Sometimes	Often	Always
Laparotomy					
Ovarian cancer debulking					
Concern for bowel surgery					

8. What type of bowel preparation do you use? (Check all that apply)
 - a. Mechanical

- b. Antibiotic
- c. Enema
- d. Other: _____

9. When do you initiate preoperative fasting?

For solids:

- a. ≤6 hours
- b. 6 hours
- c. 6-8 hours
- d. >8 hours

For liquids:

- a. <2 hours
- b. 2 hours
- c. 2-6 hours
- d. >6 hours

10. Do you use carbohydrate loading in your preoperative practice?

- a. Yes
- b. No
- c. Not sure

11. What type of carbohydrate loading do you use? (Check all that apply)

- a. Gatorade
- b. Glucose+water solution
- c. Other (Please specify name)

12. Is pre-operative and intraoperative DVT prophylaxis used in your practice?

- a. Yes
- b. No
- c. Not sure

13. Which of the following drugs do you use as pre-operative and intraoperative DVT prophylaxis? (Check all that apply)

- a. Heparin
- b. Low molecular weight heparin
- c. Fondaparinux
- d. Stockings
- e. Pneumatic compression
- f. Other
- g. None

Intraoperative Management

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

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

15. 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

16. Do you routinely use nasogastric or orogastric tube for the following procedures?

	Never	Rarely	Sometimes	Often	Always
For laparotomy					
For laparoscopy					

17. 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

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

- Yes
- No
- Not sure

19. 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

20. At what rate are fluids administered in the post-operative setting?
- < 40ml/h
 - 40ml/h – 100ml/h
 - > 100 ml/h
 - No IV fluids given
21. When are fluids routinely terminated?
- < 12 hours after surgery
 - 12-24 hours after surgery
 - > 24 hours after surgery
 - When patient tolerating PO
 - Not sure
22. 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
23. Which of the following do you routinely use to hasten return of bowel function
- Milk of magnesia
 - Bisacodyl suppositories
 - Mu opioid antagonists
 - Erythromycin
 - Chewing gum
 - Other
 - I do not use any method to hasten return of bowel function
24. For the following situations, select how often do you use peritoneal drainage

	Never	Rarely	Sometimes	Very Often	Always
Lymphadenectomy					
Bowel resection					
Urologic procedures					
Splenectomy					
Liver resection					

25. Do you use catheterization for urinary drainage post-operatively?
- Yes
 - No
 - Not sure

26. Select when the urinary catheter is most commonly removed after laparotomy.
- < 24 hours
 - 24-48 hours
 - > 48 hours
27. 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
28. Select your method for voiding trials in the following situations

	Routine removal of foley	Back fill voiding trial	Other	None
Laparotomy				
Laparoscopy				

29. Do your patients receive post-operative DVT prophylaxis?
- Yes
 - No
 - Not sure
30. 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
Laparotomy – benign					
Laparotomy – cancer					
Laparoscopy– benign					
Laparoscopy - cancer					

31. 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

32. Does your institution have an established enhanced recovery after surgery (ERAS) pathway for laparotomy?
- Yes
 - No
 - Not sure
33. How long has your ERAS protocol been in place?
- < 1 year
 - 1-2 years
 - > 2 years

34. 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					

35. 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)					

36. 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
37. 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