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:
   a. 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:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparotomy</td>
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<td>Ovarian cancer debulking</td>
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<tr>
<td>Concern for bowel surgery</td>
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</table>
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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Very Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidural for laparotomy</td>
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<tr>
<td>Epidural for laparoscopy</td>
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<tr>
<td>Nerve block for laparotomy (i.e. TAP block)</td>
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<tr>
<td>Nerve block for laparoscopy (i.e. TAP block)</td>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>For laparotomy</td>
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<tr>
<td>For laparoscopy</td>
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</table>

17. When do you leave a nasogastric tube in place postoperatively? (Check all that apply)
   a. After small bowel resection
   b. After large bowel resection
   c. Splenectomy
   d. Ligation of the short gastric vessels
   e. Other
   f. Never

18. Is core temperature measure continuously in your operating room?
   a. Yes
   b. No
   c. Not sure

19. Which of the following are used in your operating room? (Check all that apply)
   a. Forced air blanket devices
   b. Underbody warming mattresses
   c. Warm intravenous fluids
   d. Other
   e. None
Postoperative management

20. At what rate are fluids administered in the post-operative setting?
   a. < 40ml/h  
   b. 40ml/h – 100ml/h  
   c. > 100 ml/h  
   d. No IV fluids given

21. When are fluids routinely terminated?
   a. < 12 hours after surgery  
   b. 12-24 hours after surgery  
   c. > 24 hours after surgery  
   d. When patient tolerating PO  
   e. Not sure

22. When is a regular diet started routinely after laparotomy?
   a. < 24 hours after surgery  
   b. 24 - <48 hours after surgery  
   c. 48-72 hours after surgery  
   d. > 72 hours after surgery  
   e. Not sure

23. Which of the following do you routinely use to hasten return of bowel function
   a. Milk of magnesia  
   b. Bisacodyl suppositories  
   c. Mu opioid antagonists  
   d. Erythromycin  
   e. Chewing gum  
   f. Other  
   g. 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

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Very Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphadenectomy</td>
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<tr>
<td>Bowel resection</td>
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<tr>
<td>Urologic procedures</td>
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<tr>
<td>Splenectomy</td>
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<td>Liver resection</td>
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</table>

25. Do you use catheterization for urinary drainage post-operatively?
   a. Yes  
   b. No  
   c. Not sure
26. Select when the urinary catheter is most commonly removed after laparotomy.
   a. < 24 hours  
   b. 24-48 hours  
   c. > 48 hours
27. Select when the urinary catheter is most commonly removed after laparoscopy.
   a. In the OR  
   b. Postoperative unit  
   c. Postoperative day 1  
   d. On or after postoperative day 2
28. Select your method for voiding trials in the following situations

<table>
<thead>
<tr>
<th></th>
<th>Routine removal of foley</th>
<th>Back fill voiding trial</th>
<th>Other</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparotomy</td>
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<tr>
<td>Laparoscopy</td>
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</tbody>
</table>

29. Do your patients receive post-operative DVT prophylaxis?
   a. Yes  
   b. No  
   c. Not sure
30. How long do your patients receive postoperative DVT prophylaxis?

<table>
<thead>
<tr>
<th></th>
<th>Less than 1 month</th>
<th>1 month</th>
<th>Longer than 1 month</th>
<th>Only during hospital stay</th>
<th>Not sure</th>
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</thead>
<tbody>
<tr>
<td>Laparotomy – benign</td>
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<td>Laparotomy – cancer</td>
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<tr>
<td>Laparoscopy – benign</td>
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<td>Laparoscopy - cancer</td>
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31. Select the average time for mobilization of patients post-operatively
   a. Day of surgery  
   b. Post-operative day 1  
   c. Post-operative day 2 or greater
**Postoperative management strategies**

32. Does your institution have an established enhanced recovery after surgery (ERAS) pathway for laparotomy?
   a. Yes
   b. No
   c. Not sure

33. How long has your ERAS protocol been in place?
   a. < 1 year
   b. 1-2 years
   c. > 2 years

34. Indicate to what extent you agree with the following statements.

<table>
<thead>
<tr>
<th>ERAS:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves patient outcomes</td>
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<tr>
<td>Improves patient satisfaction</td>
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<tr>
<td>Is a safe procedure</td>
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<tr>
<td>Increases complication risk</td>
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<tr>
<td>Reduces readmission rate</td>
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<td>Decreases rate of unscheduled visits</td>
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<tr>
<td>It's great but difficult to implement</td>
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</table>

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
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</thead>
<tbody>
<tr>
<td>Adnexal surgery</td>
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<td>Hysterectomy + adnexal surgery</td>
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<tr>
<td>Hysterectomy + adnexal surgery + lymphadenectomy (staging)</td>
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36. Which factors influence your decision? (Check all that apply)
   a. Age
   b. Comorbidities
   c. Extent of surgery
   d. Patient distance from hospital
   e. Patient social support
   f. Time of day when surgery is complete
   g. Other

37. Please select the most common reason for a patient to not achieve same-day discharge?
   a. Age
   b. Comorbidities
   c. Extent of surgery
   d. Patients distance from hospital
   e. Patient social support
   f. Time of day